



AMERICAN LEGION AUXILIARY
Department of California

**Temporary Financial Assistance
Check Record**

FAX Request to: 415 861-8365 or Mail to: Department Office

Case Number	
Date of Request	
Amount of Request	
Payable To	
Title	
Address	
Unit Name/Number	
District Number	
Purpose of Check	
Chairman's Comments	
Approved By	
Title	

For Office Use Only

Check Number	
GL Code	
Date of Check	
Approved By	