



**AMERICAN LEGION AUXILIARY**  
Department of California

**Temporary Financial Assistance - Hospital Representative/CBOC Deputy  
Receipt/Expenditure of Funds**

Check Number	Case Number	Month
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This form must be filled out and signed by Hospital Representative/CBOC Deputy  
and family receiving assistance.

Retain one copy for your files and forward one copy to the Department VA&R Chairman within  
thirty (30) days of receipt.

Expenditure of Funds	
Breakdown of Funds	Dollar Amount
Food	
Clothing	
Rent	
Medical	
Utilities	
Miscellaneous	
Amount Received	
Amount Advanced on Case	
Balance (Refund to Department Office)	

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Signature of Family Receiving Assistance Date

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Signature of Hospital Representative/CBOC Deputy Date