AMERICAN LEGION AUXILIARY
Department of California

Children & Youth Temporary Financial Assistance
Unit Monthly Review & Receipt Form

Case Number		This form must be filled out, signed and returned to the Department Children &Youth Chairman within thirty (30) days of receipt.
Name of Veteran		
Address		
City/Zip		
Case Investigated Reported by		
Name		
Address		
City/Zip		

Expenditure of Funds from Department

Department Check Number	Date	Amount of Check
How were the funds spent? (Please list who the check was made out to and amount) Attach receipts.		

Signature of Unit C&Y Chairman or Unit President _____

Signature of Veteran Receiving Assistance or Family Member _____

Date: _____