



AMERICAN LEGION AUXILIARY

Department of California

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Final Reporting of Special Fund Raising Project

A Final Reporting of the Fund Raiser must Be Filed
With the Department Office Prior to May 1

Office / Chairmanship _____

Name _____

Address _____

City _____ Zip code _____

Phone _____ Fax _____

Email _____

Title for Project _____

Date(s) of Project _____

Type of Targeted Fund _____ Department _____ National _____ Other

Name of Targeted Fund _____

Total Funds Collected _____

Expenses: List all expenses related to this special project. Receipts must be attached to avoid audit.

Total Amount of Expenses _____

Total Amount of Funds Forwarded to the Department Office _____

Signature of Officer/Chairman _____ Date _____

Reviewed By _____ Date _____