



# AMERICAN LEGION AUXILIARY

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## Committee Financial Transmittal

Funds must be transmitted to the Department Office weekly.

Date \_\_\_\_\_

Committee/Activity \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date Received	From Whom	Check #	Amount
Total Amount Transmitted			