



AMERICAN LEGION AUXILIARY

Department of California

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Expense/Income Report

Name _____

Office/Chairmanship _____

Address _____

City/Zip _____

Phone _____

Office Use Only G/L Acct.	Explanation	Income	Expense	Balance

Please Attach All Applicable Receipts for Expenses Incurred & Return to the Department Office

All Expenses Over Allowance Must be Approved by the Finance Committee

Date