



AMERICAN LEGION AUXILIARY
Department of California
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HOSPITAL REPRESENTATIVE EXPENSE SHEET

Check Number _____ Check Amount \$ _____

This form must be filled out, signed and returned to the Department VA&R Chairman prior to Mid-Year Meeting. A new form will be sent with the second half allowance and must be returned to the Department VA&R Chairman. **Copy of report & original receipts to be sent to the Department Office prior to May 1st.**

Expenditure of Funds	
Dates of Reporting/Expense Items	Breakdown of Funds
Hospital Representative Allowance for:	Total Amount of Allowance Used
Jul - Dec 2011	Jul - Dec \$ _____
Or	Or
Jan - Jun 2012	Jan - Jun \$ _____
Report only items directly related to the business of representation	\$ _____
Mileage: _____	\$ _____
Phone: _____	\$ _____
Supplies: _____	\$ _____
_____	\$ _____
_____	\$ _____

Dates At Facility

Use the back of report, if necessary

Signature of Hospital Representative

Name of Medical Center

Home Address

Email: _____ Phone # _____