



AMERICAN LEGION AUXILIARY
Department of California
401 Van Ness Avenue, Room 113
San Francisco, CA 94102-4586
(415) 861-5092 FAX (415) 861-8365
E-mail: calegionaux@calegionaux.org

GIFT SHOP/PATIENT REMEMBRANCE EXPENSE SHEET

Check Number _____ Check Amount \$ _____

This form must be filled out, signed and returned to the Department VA&R Chairman with copy of receipts prior to Mid-Year Meeting. Copy of report and original receipts are to be sent to the Department Office.

Patient Remembrance Report		
# of Patients Served	Items	Amount Spent on Items
		\$
		\$
		\$
		\$
		\$
Gift Shop Report		
# of Patients Served	Items	Amount Spent on Items
		\$
		\$
		\$
		\$
		\$
		\$

 Signature of Hospital Representative

 Name of Medical Center

 Home Address

E-mail: _____ Phone # _____