



**AMERICAN LEGION AUXILIARY**  
**Department of California**  
**401 Van Ness Ave., Ste 319**  
**San Francisco, CA 94102-4570**  
**(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.

| <b>Patient Remembrance Report</b> |       |                       |
|-----------------------------------|-------|-----------------------|
| # of Patients Served              | Items | Amount Spent on Items |
|                                   |       | \$                    |
|                                   |       | \$                    |
|                                   |       | \$                    |
|                                   |       | \$                    |
|                                   |       | \$                    |
| <b>Gift Shop Report</b>           |       |                       |
| # of Patients Served              | Items | Amount Spent on Items |
|                                   |       | \$                    |
|                                   |       | \$                    |
|                                   |       | \$                    |
|                                   |       | \$                    |
|                                   |       | \$                    |
|                                   |       | \$                    |

\_\_\_\_\_  
Signature of Hospital Representative

\_\_\_\_\_  
Name of Medical Center

\_\_\_\_\_  
Home Address

E-mail: \_\_\_\_\_ Phone # \_\_\_\_\_