American Legion Auxiliary
Department of California

Expense/Income Report

Name:
Auxiliary Title:
Street Address:
City/State/Zip:
Phone Number:

Office Use Only (G/L Acct)	Explanation	Income	Expense	Balance
	Total			

Please attach all applicable receipts for expenses incurred and return to the Department Office.

_____ _____

All expenses over allowance must be approved by the Finance Committee Date