



American Legion Auxiliary
Department of California

Unit Audit Form

Unit Number _____ District Number _____

Unit Number and Name: _____

Address: _____

Period for which Audit was Completed: _____

Date Audit was Completed: _____

A review of all checks, income receipts, ledgers, and bank statements were reviewed finding the books to of this Unit are in order and I certify that an Audit was completed.

President's Signature: _____

Audit Committee: _____

This form is to be completed by all Units and signed by the Unit President and all Audit Committee Members no later than August 31st.

Copy to be given to your District President no later than September 30th. District Presidents are to provide copy of this Unit Audit Form to the Department Office no later than October 30th.