



California Disaster Fund Check Record

This form is completed by the Department Community Service Chairman to authorize the release of California Disaster Funds for an approved case.

Case Number	
Date of Request	
Amount of Request	
Payable to	
Title	
Address	
Unit Name/Number	
District Number	
Purpose of Check	
Chairman's Comments	
Approved By	
Title	

For Office Use Only	
Check Number	
GL Code	
Date of Check	
Approved By	

Submit the completed form to the Department Office.

American Legion Auxiliary
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San Francisco, California 94102-4570
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