



AMERICAN LEGION AUXILIARY
Department of California

**Temporary Financial Assistance - Hospital Representative/CBOC Deputy
Receipt/Expenditure of Funds**

Check Number	Case Number	Month
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This form must be filled out and signed by Hospital Representative/CBOC Deputy and family receiving assistance.

Expenditure of Funds	
Breakdown of Funds	Dollar Amount
Food	
Clothing	
Rent	
Medical	
Utilities	
Miscellaneous	
Amount Received	
Amount Advanced on Case	
Balance (Refund to Department Office)	

Signature of Family Receiving Assistance Date

Signature of Hospital Representative/CBOC Deputy Date

Retain one copy for your files and Submit one copy to the Department VA&R Chairman within thirty (30) days of receipt.