



**AMERICAN LEGION AUXILIARY**  
Department of California

**Inventory/Check List of TFA Case # \_\_\_\_\_**

Form Identification	Title	Notes	Date Sent	Date Received
TFA- Unit Investigate	TFA-Unit Investigation Report	Used by Units to request TFA from Department		
or				
TFA-HR Investigate	TFA-Hospital Representative/ CBOC Deputy  Investigation Report	Used by Hospital Representative/ CBOC Deputy to request TFA from Department		
TFA-	TFA Check Record	When VA&R Chairman receives Investigation Report and if approval is given to dispense funds, she faxes/mails the following TFA Check Record to Department Office		
	Instruction Sheet/Cover Letter	Sent with check		
TFA-Unit Expenditure	TFA-Unit Receipt/ Expenditure of Funds	Two (2) copies sent to Unit with check		
or				
TFA-HR Expenditure	TFA-Hospital Representative/ CBOC Deputy Receipt/Expenditure of Funds	Two (2) copies sent to Hospital Representative/ CBOC Deputy with check		

TFA-Unit Monthly Review	TFA-Unit Monthly Review	Two (2) copies sent to Unit with check		
or				
TFA-HR Monthly Review	TFA-Hospital Representative/ CBOC Deputy Monthly Review	Two (2) copies sent to Hospital Representative/ CBOC Deputy with check		