American Legion Auxiliary

Department of Washington

Committee Expense Report

Name and Committee: _____

Month of _____ Cash on Hand $_____

Income/Donations	Expenses	Balance
	Start with your cash on hand $ _____	
$ _____	$_____	$_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Income: Department _____
Other _____
Balance _____

Signature _____

Address _____

_____

_____

Phone _____

Mail To: Department of Washington
PO Box 5867 Lacey, WA 98509-5867