American Legion Auxiliary, Department of Washington

Committee Expense Report

Name and Committee: _____

Month of: _____ Cash on Hand: $ _____

Income/Donations	Expenses	Balance
$ _____	$_____	$_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Income: Department _____

Other _____

Balance _____

Signature: _____

Address: _____

_____

Phone: _____

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