American Legion Auxiliary

In the Spirit of Service Not Self for Veterans, God and Country

Certification of Audit

Unit Name: _____ Unit Number: _____ District Number: _____

Audits are to be completed between the terms of office for President and/or Treasurer.

Audit Certification:

This is to certify that the Unit Treasurer's books have been audited and found to be correct.

President or Secretary: _____

Date: _____

Audit performed by: _____
(Please print)

On the _____ day of _____, _____

Please indicate which officer is no longer holding the title: _____

Please return this form to the American Legion Auxiliary, Department Secretary,
PO Box 5867, Lacey, WA 98509-5867

Revised 9/22 sda