



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