

American Legion Auxiliary Department of Alabama

VAVS Fund Request Form

Section One:

VAVS Name: _____

VA Facility: _____

Date of Event: _____

Type of Event: _____

Requested Amount: _____

I understand that I must return receipts and any unused funds within 30 days of the event date.

VAVS Signature

Date

Section Two:

VA Facility Available Donations: _____

Are Poppy Funds needed to cover request: _____

If yes, Amount needed: _____

Date Check was issued and mailed: _____

Processed by: _____ Date

Section Three:

Date Receipts received: _____

Amount of funds used: _____ Amount of funds returned: _____

Processed by: _____ Date: _____