



Special Event Request for Funds and/or Stipend, Mileage

Date: _____ / _____ / _____ Reporting Month: _____

Are you requesting Stipend reimbursement? _____ Amount _____

Were your purchases pre-approved and are receipts attached? _____

Are you up-to-date on your monthly reports? Yes _____ No _____

Have you submitted your monthly bank statements? Yes _____ No _____

If requesting funds for a special event, what is the amount? _____

Date, time & location of special event _____

What will the funds be used for? _____

Number of "Compliments of the American Legion Auxiliary" cards needed _____

Did you invite the Dept President and VA & R Chair & Committee to participate? _____

Rep and/or Dep requesting mileage reimbursement? _____
(Rep & Dep reimbursement at .25 cents per mile)

Rep Mileage _____ = \$ _____ Dep Mileage _____ = \$ _____

Total amount requested on this form _____

Hospital/Clinic Representative _____

Hospital/Clinic Deputy _____

Hospital/Clinic Name _____

VA & R Chairman MaryAnn Paul mapminmol@gmail.com

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Secretary/Treasurer secretary@alateexas.org

Finance Committee Chair Christinet2121@yahoo.com

You must be up-to-date to receive funds.

Revised 8/2024