



American Legion Auxiliary Department of Texas

Stipend, Mileage and/or Special Event Request for Funds

Reporting Month

ALA Representative Information

Representative Name		Hospital/Clinic	
Date:		# Veterans Served	
Are you able to serve the Veterans in Person?	Yes _____ No _____		

Stipend Reimbursement

Please see VA&R Guidelines Page 8-9 for more info

To be filled out by the VA Representative

Are you requesting your Stipend Reimbursement?	Yes _____	No _____	
How much are you requesting?	\$ _____		
Do you have receipts and were your purchases pre-approved?	Yes _____	No _____	
Are you up to date on your monthly reports?	Yes _____	No _____	
Have you turned in your bank statements?	Yes _____	No _____	

Special Event Request

Are you requesting funds for a special event?	Yes _____	No _____		
How much are you requesting?	\$ _____			
Date:	Time:	Location of Event:		
What will it be used for?				
Compliments of the American Legion Auxiliary" cards needed:	# _____			
Did you invite the Department President ?	Yes _____	No _____		
Did you invite VA&R Committee Member?	Yes _____	No _____		

Rep & Dep Reimbursement .25 cents per mile

Rep Mileage _____ x .25 = _____	Dep Mileage _____ x .25 = _____	Total all Miles _____
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You must be up-to-date to receive funds. Please note if you are mailing your Request please send them to Secretary Tiffany Troxclair P.O. Box 1629, Little Elm TX 75068. Reports will be scanned and emailed to VA&R Chair/Finance/Bookkeeper.

Email all reports to:

VA&R Chairman Rosie Cherry - rronrosie@aol.com

Department Secretary - secretary@alatexas.org

Finance Committee Chair - christinet2121@yahoo.com

Bookkeeper Shana Duke - shanaaduke@gmail.com