



American Legion Auxiliary Department of Illinois

Christmas Gift Program Reimbursement-Form #2

Date: _____ Reimbursement Number: _____

District: _____ Total Check Amount: _____

Institution Name and Address:

Check payable to and recipients address:

1. All forms must to be postmarked by December 31, 2017 to the Department C&Y Chairman.
2. If purchased by District Chairman: This form is to be completed and the store receipts attached.
3. If there are no receipts submitted, the District Chairman will NOT be reimbursed until they are received.
4. If purchased by the Institution: A letter of receipt must be sent by the facility on letterhead with receipts attached. Letter should state the amount of the check and to whom the check should be made payable.
5. You will not be reimbursed if Form 1 was not received by the October deadline, OR if you have not included your receipts.

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