

AMERICAN LEGION AUXILIARY
DEPARTMENT OF ILLINOIS

UNIT ITEMIZED LISTING OF ARTICLES

NAME OF FACILITY: _____

UNIT NAME: _____ NUMBER _____ DISTRICT _____

VA & R CHAIRMAN _____

ADDRESS: _____

PHONE NUMBER: _____
(WITH AREA CODE)

LIST OF ITEMS DELIVERED
REMEMBER ALL MONETARY DONATIONS NEED TO BE SENT TO THE DEPARTMENT OFFICE

NUMBER OF ITEMS	DESCRIPTION	COST

DATE RECEIVED _____ BY: _____ TOTAL CREDIT GIVEN \$ _____
(ALA REPRESENTATIVE / DIRECTOR)

NOTE: MAKE 3 COPIES, 1 FOR THE UNIT FILES, 1 FOR THE ALA REP/DIRECTOR AND ENCLOSE 1 COPY IN THE BOX OF ARTICLES LEFT AT THE FACILITY IN ORDER TO ISSUE PROPER CREDIT.