

VA & R Chairman Approval Signature

## **American Legion Auxilary**

A Community of Volunteers Serving Veterans, Military, and their Families 20 W. 12th St. Room 314 St. Paul MN 55155

## Veteran Affairs & Rehabilitation Program Credit Card Charge Form Personal Reimbursement Form

Today's Date			_	Facility Name			
Name				Statement Dates			
Street Address				Due to Chairman by the 10th			
City, State, Zip			Due to the Department Office by the 20th				
			Check One			lı Ono	
					ALA Credit Card	HH Rep	
Transaction Date	Purchased from	Description of Charges	G/L Acct.#	Amount		Reimbursement	
			Grand Total				
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