



**THE AMERICAN LEGION
DEPARTMENT OF MARYLAND, INC.**

FINANCIAL TRANSACTION FORM

Date of Request: _____

Section I

Requesting Organization: _____ Amount Requested: _____
First Name: _____ Mi: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No #1: _____ Telephone No. #2: _____
Request Details: _____

Section II Commission Recommendations

Date of Recommendation: _____

Approved as Received Approved as amended Disapproved

Reason for Amendment / Disapproval: _____

Recommended Amount: \$ _____ Account Classification: _____

Chairman's Signature: _____

Section III Foundation / Finance Commission Recommendation

Date of Recommendation: _____

Approved as Received Approved as amended Disapproved

Reason for Amendment / Disapproval: _____

Recommended Amount: \$ _____ Account Classification: _____

Chairman's Signature: _____

Section IV Department Executive Committee Actions

Date of Action: _____

Approved as Received Approved as amended Disapproved

Reason for Amendment / Disapproval: _____

Approved Amount: _____

Section V Department Action

Check Disbursement Authorization (Dept. Adjutant Signature): _____

Account Classification: _____

Check Payee: _____

Check Payee Address if different from above: _____

Special Mailing Instructions: _____

Special Instructions: _____