

DEPARTMENT OF NEW YORK



Unit Audit Data Form

Unit name \_\_\_\_\_ Unit # \_\_\_\_\_ County \_\_\_\_\_ Dist # \_\_\_\_\_  
Federal EIN # \_\_\_\_\_

Unit President: Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Unit Treasurer: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

In accordance with the Unit Constitution and Bylaws this Unit has had an Audit for the  
year ending \_\_\_\_\_ on \_\_\_\_\_ and attested to by the Unit President and the  
Finance/Audit Chairman below.

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Please print Unit President

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Please print Finance/Audit Chairman

Please send completed form by December 31, 2010 to:  
American Legion Auxiliary - Department of New York  
Attn.: Secretary-Treasurer  
112 State Street, Suite 1310  
Albany, New York 12207