

# DEPARTMENT OF New York

## Unit Audit Data Form

Unit Name \_\_\_\_\_ Unit # \_\_\_\_\_ County \_\_\_\_\_ Dist# \_\_\_\_\_

Federal EIN# \_\_\_\_\_

**UNIT PRESIDENT: Please print or use address label**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**UNIT TREASURER: Please print or use address label**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

In accordance with the Unit Constitution & By-laws this Unit has held an Audit for 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 to:**

American Legion Auxiliary

Department of New York

112 State Street, Suite 1310

Albany, New York 12207

ATT: Secretary-Treasurer

**Return by December 31, 2010**