

DATE_____

AMOUNT OF GRANT_____

COMMANDER_____

SIGNATURE_____

CHAIRPERSON_____

SIGNATURE_____

DESCRIPTION OF GRANT_____

TOTAL AMOUNT OF ALL
RECIEPTS, PAID BILLS,
CANCELLED CHECKS.
ITEMIZED

FOODS_____

CANTEEN BOOKS_____

CARE PACKAGES_____

PEARL HARBOR

OBSERVANCE_____

OTHER_____

TOTAL_____