



**Department of Florida**

In accordance with Standing Rule No. XVIII Programs, twenty-five percent (25%) of the net proceeds of a Unit's Poppy distribution must be sent to Department Headquarters.

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

Unit#: \_\_\_\_\_

1. Enter Gross Proceeds Received: \$ \_\_\_\_\_

2. Less Cost of Poppies Purchased: (-) \$ \_\_\_\_\_

Date Poppies Purchased Date: \_\_\_\_\_ Check # \_\_\_\_\_

3. Less Distribution Expense (-) \$ \_\_\_\_\_  
(Receipts must be attached to take deduction)

4. Enter Net Proceeds (=) \$ \_\_\_\_\_

5. Enter 25% of line 4 (=) \$ \_\_\_\_\_

As an Officer of Unit#: \_\_\_\_\_, I certify that I have enclosed twenty-five percent (25%) of our Units net Poppy proceeds for this distribution period.

\_\_\_\_\_  
(Print Name of Officer)

\_\_\_\_\_  
(Signature of Officer)

Mail to: American Legion Auxiliary Department of Florida  
1912 A Lee Road, Orlando, FL 32810

**This form must accompany a Unit Check.**