



**American Legion Auxiliary
Department of Idaho
8766 Rim RD
Nampa, ID 83686**

POPPY PROCEEDS REPORT 20/____20/____
(Please fill out the following proceeds report and return it to the Department.)

Date: _____

Unit Name: _____/_____ (number)

City: _____, ID

Total Receipts	(A)
Cost of poppies	(B)
Balance after deducting Line B from Line A	(C)
10% of Line C	(D)
Balance after deducting Line D from Line C	(E)
40% of Line E	(F)

Amount to be sent to Department

If poppies were paid for:

Line D _____ \$ _____

Line F _____ \$ _____

Total: _____ \$ _____

If poppies were NOT paid for:

Line B _____ \$ _____

Line D _____ \$ _____

Line F _____ \$ _____

Total: _____ \$ _____

Line D will be deposited in the Nurses Scholarship Fund.
Line F is divided into VA &R Fund and Children and Youth Fund>

Thank You for your continued support of this Program!