



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

**POPPY RECEEDS 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!*