

Post Officer's Certification: Annual Audit & Crime Insurance

2025 - 2026

We certify that we, or qualified accountants, have completed the required Annual Audit of the books and records of American Legion Post# _____ of District # _____, of The Department of Michigan, in accordance with the requirements of the bonding and Surety Company.

All vouchers and checks have been examined and found to be properly approved and checks properly signed.

Signed: _____
Post Commander
Date: _____
Printed Name _____

Signed: _____
Adjutant
Date: _____
Printed Name _____

Signed: _____
Finance Officer
Date: _____
Printed Name _____

POST CERTIFICATION OF CRIME POLICY

Checking the Box: I certify the offices: Post Commander, Adjutant and Finance Officer are Insured/Bonded in accordance with National and State By-Law requirements.

Post Officer Name Print: _____
*** Must be the Commander, Adjutant or Finance officer ***

Signed: _____ Date: _____