



**AMERICAN LEGION AUXILIARY**  
*Department of California*

**POPPY PRODUCTION PAYROLL SHEET**

NAME OF HOSPITAL:		TOTAL AMOUNT OF PAYROLL:
PAYROLL FOR PERIOD ENDING:	# OF PERSONS LISTED ON PAYROLL:	TOTAL # OF POPPIES MADE AS PER LAST PAYROLL:
GRAND TOTAL OF POPPIES MADE TO DATE:	TOTAL #OF PERSONS REGISTERED:	TOTAL # OF POPPIES MADE THIS PAYROLL:

NAME OF VETERAN:	REGISTRATION #:	# OF POPPIES:	AMOUNT:	SIGNATURE OF VETERAN:
SIGNATURE OF PRODUCTION MANAGER:				DATE: