

DAV (DISABLED AMERICAN VETERANS)
DISASTER FUND – CASE RECORD

NAME				NATIONAL SERVICE OFFICE
<hr/>				
ADDRESS				MEMBER ID
<hr/>				
CITY	STATE	ZIP	PHONE	
<hr/>				

DESCRIPTION OF DISASTER

DESCRIPTION OF LOSS	AMOUNT
<hr/>	\$ <hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
	TOTAL \$ <hr/>

I HEREBY CERTIFY THAT THE ABOVE LOSS WAS NOT REIMBURSED BY INSURANCE OR THROUGH ANY OTHER AGENCY.

**APPROVED FOR PAYMENT
IN THE AMOUNT OF \$**

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF NATIONAL SERVICE OFFICER

**DISASTER FUND
NATIONAL HEADQUARTERS - ACCOUNTING DEPT.**

401004 (9/17)