

**APPLICATION FOR  
MEMORIAL DAY OR VETERANS DAY EXPENSES**

ACT OF 1929, P.L. 1278, as amended Act of 1947, P.L. 357, of 1949, P.L.  
To the Commissioners of Westmoreland County, Pennsylvania:

Veterans Service Organization  
Address

Post Number

respectfully asks that the County of Westmoreland appropriate the sum of \$ \_\_\_\_\_ (\$100.00 limit) , to aid in defraying the expenses of (check one)  Memorial Day  Veterans Day, 20\_\_\_\_, in accordance with the Act of Assembly of 1929, P. L. 1278.

*\* Please note that application must be received within 6 months of the applicable holiday and that payment shall be limited to the incurred expense up to \$100.00. Reimbursements are for expenses directly related to Memorial Day or Veterans Day and are made at the sole discretion of the Westmoreland County Commissioners*

**STATEMENT OF \_\_\_\_\_ DAY EXPENSES, 20\_\_\_\_**

Expense Item Amount

*ORIGINAL BILLS covering the above Expense Items must be attached to application.*

Date	Expense	Amount

I affirm that the information provided is true and complete to the best of my knowledge. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. Additionally, I recognize that grant applications may be denied for any reason.

*Commander* \_\_\_\_\_ *Date* \_\_\_\_\_

*Adjutant* \_\_\_\_\_ *Date* \_\_\_\_\_

Submit to:  
  
Westmoreland County Dept. of Veterans Affairs  
2 North Main Street Suite 205  
Greensburg, PA 15601