

ATTACHMENT 1

**SONS OF UNION VETERANS OF THE
CIVIL WAR 1861-1865**

Department of Florida

PERSONAL BOND

(to be used by the Department and all Camps)

I, _____ having been _____ to the office of _____
(Brother) Elected, Appointed Camp, or Dept.

effective on _____, promise to pay the amount determined to be a loss of property or monies,
(Date)

up to but not exceeding \$ _____ ; paid to _____.
(Camp Name, or Dept. Name)

The loss of property or monies will be determined, by two council audits; the first audit conducted at the time I took office and the second audit conducted upon the end of my 1 year term in office.

I realize that should my term in office end early by dismissal, resignation, or death that an audit will then occur and my estate will be liable for any property or monies, up to but not exceeding \$ _____, which is determined to be a loss through the council audit process; paid to _____.
(Camp Name, or Dept. Name)

_____ Date _____

Brother Signature

Notary

One of the trustees, for _____ undersigned below, may be the holder of this Personal Bond.
(Camp Name, or Dept. Name)

Council 1 _____ Date _____

Council 2 _____ Date _____

Council 3 _____ Date _____

