AMVETS Programs Reporting Form

Contac	t Person _				Phone Number			Email				
Please indicate month(s) and year below:												
J AN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV DE	C YEAR:	
				_		-		_				
Priof Description of				Number of Volunteers		Total Hours		Total Miles		Activity Cost (Actual cash used in addition to hours	Cash Donation (Any extra funds donated from the	Total Cost of Program (Volunteer Hours + Mileage + Activity
Brief Description of Activity			(per hour)			(per mile)						
		,				#HRS	\$TOTAL	#MILES	\$TOTAL	& mileage)	donated from the post)	Cost + Donation)
1			(date)									
				(Description)							
2			(date)									
				(Description	ı)							
3			(date)									
				(Descriptior	n)							
4			(date)									
				(Description	ı)							
5			(date)									
				(Description)								
6			(date)									
				(Descriptior	n)							
7			(date)									
				(Descriptior	n)							

• Meetings of any kind (State, Post, District) are not to be included - this form is only for Post programs

• Please do not send duplicate copies of forms, only one is necessary

Department / State _____ AMVETS Post #__

Form Total =