



AMVETS LADIES AUXILIARY LOCAL SERVICE REPORT FORM

Individual reports shall be made for the following programs:
Americanism/SOS Child Welfare Community Service Hospital
Scholarship (please indicate which program)

Local Auxiliary Reporting:

Reporting Period _____ to _____

Auxiliary _____

List Volunteers:

(List Additional Volunteers on the back)

- | | |
|--------------------------|-----|
| Number of Volunteers | 1. |
| Hours Donated | 2. |
| Number of Miles | 3. |
| Number of Projects | 4. |
| EVALUATIONS: | 5. |
| Hours @ \$20.00 per hour | 6. |
| Mileage @ \$.50 per mile | 7. |
| Refreshments | 8. |
| Cash Donations | 9. |
| New Material | 10. |
| Used Material | 11. |
| Lodging | 12. |

TOTAL EVALUATIONS: _____

List projects and activities in detail. (Use the back or additional sheets if necessary)

Chairman Signature: _____

Date: _____

Address: _____

City/State: _____

Phone/E-mail: _____

Revised SEPTEMBER 2013