**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 @ $30.00 per hour | | 6. |
| Mileage @ $.65 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 MAY 2024**