

**AMVETS LADIES AUXILIARY  
LOCAL SERVICE REPORT FORM**

Individual reports shall be made for the following programs: Hospital, Child Welfare, Community Service, Americanism/SOS and Scholarship.

**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 9/2007**