

**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