

# AMVETS Programs Reporting Form

AMVETS Post # \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Please indicate month and year below:

IMPORTANT: Please do not indicate more than one month per form

JAN    FEB    MAR    APR    MAY    JUN    JUL    AUG    SEP    OCT    NOV    DEC   YEAR \_\_\_\_\_

<b>Indicate Category of Program</b> <small>*Must be from list below</small>	<b><u>Brief Description of Activity</u></b>	<b>Number of Volunteers</b>	<b>VOLUNTEER HOURS</b> <small>(\$20.85 per hour)</small>		<b>MILEAGE</b> <small>(\$0.14 per mile)</small>		<b>Activity Cost</b> <small>(Actual cash used in addition to hours &amp; mileage)</small>	<b>Total Donation</b> <small>(Any extra funds donated from the post)</small>	<b>Total Cost of Program</b> <small>(Volunteer Hours + Mileage + Activity Cost + Donation)</small>
			#HRS	\$TOTAL	#MILES	\$TOTAL			
				\$		\$	\$	\$	\$
				\$		\$	\$	\$	\$
				\$		\$	\$	\$	\$
				\$		\$	\$	\$	\$
				\$		\$	\$	\$	\$
				\$		\$	\$	\$	\$
				\$		\$	\$	\$	\$
				\$		\$	\$	\$	\$
				\$		\$	\$	\$	\$

**CATEGORIES:** AADAA, Americanism, Blood Drives, Care Bear, Clothing and Food, Fund Raising, Homeless Veterans, Hospitalized Veterans, Military Funeral/Honor Guard, Organ and Bone Marrow Donors, POW/MIA, ROTC, Safe Driver, Scouting, Sick and Hospitalized Veterans, Special Olympics, Support for National Guard Troops, Support for Troops (not Guard specific), Vet History Project (Lib. of Cong.), White Clover, Other (Community Service – must be specific), Com./PRO Activity, Legislative Activity, Membership Activity, Vet. Service/Claim Activity, Career Centers (Ohio only), Riders Chapters.

- Meetings of any kind (State, Post, District) are not to be included - this form is only for Post programs
- Your Post can go online to [www.amvets.org](http://www.amvets.org) to report Post Programs instead of sending them in (RECOMMENDED)

**Important Note for the Preparer:**

Sharing information is vital to the continued success and future development of AMVETS Programs. The information you provide will help us to set priorities and identify areas of need within our various programs, and fulfills an IRS accountability requirement as a tax-exempt organization.

Should you require assistance in completing the form on the reverse side, please refer to the instructional diagram located in the back of the National Programs Manual, or contact Department Headquarters.

**Deadlines:**

Posts should forward a report to the Department Headquarters each quarter or go to [www.amvets.org](http://www.amvets.org) and submit the reports electronically through the National website. Departments will review and compile a summary, to include all posts, and file a report with the National Programs Department twice a year in January and July.

Please submit the Programs Reporting Form to Department Headquarters prior to the January and July deadlines, so that the Department has time to enter the reports prior to the deadline. Otherwise, please go online and submit your post's reports directly to National Headquarters.



**AMVETS Post Programs  
Reporting Form**

Post # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone ( ) \_\_\_\_\_

*Please mail, fax, or e-mail your  
completed forms to:*

**AMVETS Department of Ohio  
1395 E. Dublin Granville Road #222  
Columbus, OH 43229**

**Phone: (614) 431-6990 or  
1 (800) OH AMVET**

**FAX: (614) 431-6991**

**e-mail: [ohamvets@aol.com](mailto:ohamvets@aol.com)**



**AMVETS  
Post  
Programs  
Reporting  
Form**

*Your Post can now go online to report  
your VAVS Programs! Just go to  
[www.amvets.org](http://www.amvets.org) and click on Programs,  
then Programs Reporting.*