

# AMVETS Programs Reporting Form

Department / State \_\_\_\_\_ AMVETS Post # \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

*Please indicate month(s) and year below:*

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

<b>Brief Description of Activity</b>	<b>Number of Volunteers</b>	<b>Total Hours</b> (            per hour)		<b>Total Miles</b> (            per mile)		<b>Activity Cost</b> <small>(Actual cash used in addition to hours &amp; mileage)</small>	<b>Cash 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			
1 <span style="float: right;"><small>(date)</small></span>								
<small>(Description)</small>								
2 <span style="float: right;"><small>(date)</small></span>								
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3 <span style="float: right;"><small>(date)</small></span>								
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6 <span style="float: right;"><small>(date)</small></span>								
<small>(Description)</small>								
7 <span style="float: right;"><small>(date)</small></span>								
<small>(Description)</small>								

- Meetings of any kind (State, Post, District) are not to be included - this form is only for Post programs
- Please do not send duplicate copies of forms, only one is necessary

Form Total =