

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: _____

Brief Description of Activity	Number of Volunteers	Total Hours (per hour)		Total Miles (per mile)		Activity Cost <small>(Actual cash used in addition to hours & mileage)</small>	Cash Donation <small>(Any extra funds donated from the post)</small>	Total Cost of Program <small>(Volunteer Hours + Mileage + Activity Cost + Donation)</small>
		#HRS	\$TOTAL	#MILES	\$TOTAL			
1 <small>(date)</small>								
<small>(Description)</small>								
2 <small>(date)</small>								
<small>(Description)</small>								
3 <small>(date)</small>								
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6 <small>(date)</small>								
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7 <small>(date)</small>								
<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 =