

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: _____

Brief Description of Activity	Number of Volunteers	VOLUNTEER HOURS (per hour)		MILEAGE (per mile)		Activity Cost (Actual cash used in addition to hours & mileage)	Total Donation (Any extra funds donated from the post)	Total Cost of Program (Volunteer Hours + Mileage + Activity Cost + Donation)
		#HRS	\$TOTAL	#MILES	\$TOTAL			

- 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