

AMVETS LADIES AUXILIARY

Local Service Report Form

Individual reports shall be made for the following programs: **(Circle One)**
 Child Welfare / Community Service / Hospital / Americanism / Scholarship / S.O.S

Local Auxiliary Reporting _____

Reporting Period _____ to _____

Auxiliary Total Membership _____

Auxiliary Only

List Volunteers

(list additional volunteers on the back)

Number of Volunteers	_____	1	_____
Hours Donated	_____	2	_____
Number of Miles	_____	3	_____
Number of Projects	_____	4	_____
		5	_____
EVALUATIONS		6	_____
Hours @ \$30 per hour	_____	7	_____
Mileage @ .65 cents per mile	_____	8	_____
Lodging	_____	9	_____
Refreshments	_____	10	_____
Used Materials	_____	11	_____
New Materials	_____	12	_____
Cash Donations	_____	13	_____
		14	_____
TOTAL EVALUATIONS	_____	15	_____

Project details must be listed on the Regulation Project Evaluation Sheet.

Chairman's Signature _____ Date _____

Address _____

City/State/Zip _____

Phone Number _____

email address _____

