

Hospital Report (REV 2)

Only those activities that involve service to, visits to, the loan of equipment to or the donation of items listed on the reverse side, to live veterans are reported on this form. That includes those veterans in VA, military and other hospitals, nursing homes, shut-ins, the impoverished and the homeless.

Send Reports to:

VFW Dept. of AZ • 6907 E. Thomas Rd. • Scottsdale, AZ 85251 • Fax 480-994-3730
Email: azvfwreport@gmail.com

Report Period: Month _____ Year _____
 Post/Aux # _____ District _____
 Submitted By- _____ Title _____

List Projects Below: (P=Post, A=Auxiliary, O=Other) Circle as Appropriate

	Description	Number of Persons Participated	Total Hours	Total Miles	Donations	Persons Benefited
PAO	Pints of Blood Donated @ \$69.99/Pint					
PAO	Home Visits Completed					
PAO	Veterans Transported					
PAO	Hospital Visits					
PAO	Care Center/Nursing Home Visitations					
PAO	VA Hospital Visits					
PAO	Life Care/Senior Care Visits					
PAO	Other					
	SUB TOTAL					
	MULTIPLIED X		\$22.55	\$0.14		
	HOSPITAL EQUIPMENT LOANED (Itemize below in comments box)					
	EACH COLUMN TOTAL					

Total \$
Total Miles

Comments:

	Item	value \$
1	_____	
2	_____	
3	_____	
4	_____	
5	_____	
6	_____	
7	_____	
8	_____	
9	_____	
10	_____	
	TOTAL	_____