

May 1, 2011



April 30, 2012

LADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS Department of South Carolina

THERE IS NO LONGER JOINT REPORTING



L. A. REPORT No. _____	LADIES AUXILIARY No. _____	DISTRICT No. _____	GROUP No. _____
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REPORT DATES: From: (month) _____ (day) _____ (year) _____ To: (month) _____ (day) _____ (year) _____

LADIES AUXILIARY HOSPITAL/VAVS REPORT:

MAIL TO: DEPARTMENT CHAIRMAN: **CAROL CURRY** HOME AUXILIARY: **3433-LADSON**
 9634 DUSTY LANE, LADSON, SOUTH CAROLINA 29456
 HOME PHONE: (843) 343-6064 DOES NOT HAVE E-MAIL

ADD THE TOTAL NUMBER OF ALL LADIES AUXILIARY MEMBERS, HOURS, MILES AND VALUE OF MONIES BELOW AND PUT THEM IN THE COLUMNS TO THE RIGHT:

- NUMBER OF LADIES AUXILIARY MEMBERS VOLUNTEERING AT V.A. MEDICAL CENTERS, COMMUNITY LIVING CENTERS AND COMMUNITY BASED OUT-PATIENT CLINICS:

MEMBERS: _____ HOURS: _____
 NUMBER OF MILES (this report only) @ .27 cents per/mile: \$ _____

- NUMBER OF AUXILIARY MEMBERS VOLUNTEERING IN OTHER MEDICAL FACILITIES, NURSING HOMES, ASSISTED LIVING, THERAPY CENTERS, OUT-PATIENT AND SATELLITE CLINICS:

VOLUNTEERS: _____ NUMBER OF HOURS: _____
 NUMBER OF MILES (this report only) @ .27 cents per/mile: \$ _____

- NUMBER OF AUXILIARY SPONSORED NON-MEMBERS VOLUNTEERING IN V.A. MEDICAL CENTERS, COMMUNITY LIVING CENTERS, COMMUNITY-BASED OUTPATIENT CLINICS:

NUMBER OF VOLUNTEERS: _____ NUMBER OF HOURS: _____
 NUMBER OF MILES (this report only) @ .27 cents per/mile: \$ _____

- DID YOUR AUXILIARY MAKE OR DONATE ITEMS OR GIVE MONEY TO MEDICAL FACILITIES OR NURSING HOMES? **TAKE PICTURES!**

YES ___ NO ___ # OF HOURS: _____ AMOUNT/VALUE: \$ _____
 NUMBER OF MILES (this report only) @ .27 cents per/mile: \$ _____

- NUMBER OF NEW VOLUNTEERS: _____ REGULARLY SCHEDULED: _____ OCCASSIONAL: _____

YOUTH: _____ **TOTAL VOLUNTEERS:** _____ # OF MILES (this report only) @ .27 cents per/mile:
 \$ _____

- AUXILIARY SPONSORED **BLOOD DRIVES ARE NOW UNDER THE HOSPITAL PROGRAM!!!** SPONSOR A BLOOD DRIVE AT YOUR POST. THIS IS AGREAT OPPORTUNITY TO BRING IN NEW MEMBERS.

- NAME OF MEDICAL CENTERS: _____

TOTAL # PROJECTS ON THIS REPORT:

TOTAL # MEMBERS PARTICIPATING:

TOTAL # HOURS WORKED:

TOTAL # OF MILES @.27cents/per
.27cents X miles=

TOTAL AMOUNT OF MONIES SPENT:
\$



THERE IS NO LONGER JOINT REPORTING

VFW Department of South Carolina



VFW POST REPORT SUBMITTED BY: _____ COMMANDER _____ CHAIRMAN _____

ADDRESS: _____ HOME PHONE: _____



LADIES AUX. REPORT SUBMITTED BY: _____ PRESIDENT _____ CHAIRMAN _____

ADDRESS: _____ HOME PHONE: _____



MEN'S AUX. REPORT SUBMITTED BY: _____ PRESIDENT _____ CHAIRMAN _____

ADDRESS: _____ HOME PHONE: _____

* REMEMBER: NO JOINT REPORTING



POST COMMUNITY SERVICE TOTAL SUMMARY REPORT: (V) MILES = VOLUNTEER WORK @ .14 cents (H) MILES = HOSPITAL/VAVS MILES @ .27 cents per/mile

GRAND TOTAL # REPORTS:	TOTAL # (H) MILES X .27 cents/mile = \$
GRAND TOTAL # MEMBERS:	TOTAL # (V) & (H) MILES = \$
GRAND TOTAL # HOURS:	TOTAL MONIES SPENT ON MILES & PROGRAMS:
TOTAL # (V) MILES X .14 cents /mile = \$	\$



LADIES AUX. COMMUNITY SERVICE TOTAL SUMMARY REPORT: (V) MILES = VOLUNTEER WORK MILES (H) MILES = HOSPITAL/VAVS MILES x .27 cents per/mile

GRAND TOTAL # REPORTS:	TOTAL (H) MILES X .27 cents PER/MILE = \$
GRAND TOTAL # MEMBERS:	TOTAL # (V) & (H) MILES = \$
GRAND TOTAL # HOURS:	TOTAL MONIES SPENT ON MILES & PROGRAMS:
TOTAL # (V) MILES X .14 cents/mile = \$	\$



MEN'S AUX. COMMUNITY SERVICE TOTAL SUMMARY REPORT: (V) MILES = VOLUNTEER WORK @ .14 cents/mile (H) MILES = HOSPITAL/VAVS X .27 cents/mile

GRAND TOTAL # REPORTS:	TOTAL (H) MILES X .27 cents PER/MILE = \$
GRAND TOTAL # MEMBERS:	TOTAL HOSPITAL/VAVS & VOL. MILES = \$
GRAND TOTAL # HOURS:	TOTAL MONIES SPENT ON MILES & PROGRAMS:
TOTAL (V) MILES X .14 cents /mile = \$	\$

DATE REPORT SUMMARY SENT IN: (month) _____ (day) _____ (year) _____

(signature) Your e-mail: _____

KEEP COPIES OF YOUR REPORTS