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
Number of Volunteers		1 _____
Hours Donated		2 _____
Number of Miles		3 _____
Number of Projects		4 _____
		5 _____
EVALUATIONS		6 _____
Hours @ $30 per hour		7 _____
Mileage @ $1.00 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.

Signature: _____

Address _____

City/State/Zip _____

Phone Number _____

email address _____

revised 6/2026