

REPORT FORM # 2: V.A.V.S. Hospital - VA Nursing Home - Veterans Home

Please make additional copies for use by your Auxiliary for each party or activity sponsored in a Facility where we have a Department VAVS or Hospital Representative.

Once the Department Representative has signed and dated this form, make 1 copy for your Auxiliary file and send the original signed copy to the Department Hospital Chairman, Janet Long, 1236 1900th Avenue, Beason, Illinois 62512

Name of facility where activity was held _____ Date _____

Auxiliary Number _____ District Number _____ City _____

Auxiliary Chairman's Name _____

Address _____

Phone number () _____

Describe Activity _____

No. of Auxiliary Volunteers _____ No. of Post volunteers _____

No. of Youth Volunteers _____

Total hours spent making donated items _____ (includes shopping, wrapping gifts, making tray favors, nut cups, sewing gifts, baking, cooking for the activity)

Estimated value of donated items \$ _____

Actual cash spent \$ _____
(includes anything you purchased for the activity)

Transportation (round trip miles) _____ @ 14 cents per mile = \$ _____

Cost of hired Entertainment \$ _____ No. of Entertainers _____

Signed _____ Date _____
Department VAVS or Hospital Representative