

POST BENEFIT ADVISOR'S MONTHLY REPORT

REPORT DUE NO LATER THAN THE 10TH OF THE FOLLOWING MONTH

COMMANDER _____

BENEFIT ADVISOR _____

REPORT FOR MONTH _____, 20 _____

VFW POST NUMBER _____ DISTRICT _____

DUTY STATION (IF YOU'RE WORKING SOMEWHERE OTHER THAN YOUR POST)

DAYS & HOURS OF OPERATION _____ THRU _____ FROM ____ TO _____

HOW MANY:

NUMBER OF VETERANS REFERRED TO DEPARTMENT SERVICE OFFICE: _____

NUMBER OF VETERAN CONTACTS: _____

SEND REPORTS TO:

VFW.VBAPHO@VA.GOV

FAX: 480-994-3730

Mail: VFW SERVICE OFFICE

6423 S ASH AVE.

TEMPE, AZ 85283