

DEPARTMENT OF ARIZONA MONTHLY CHAPLAIN REPORT

Due by the 10th of each month. Email to: deptchaplain.az@gmail.com. FAX: (833)7671642
Or mail to: Phil Erickson, 1226 N. Hilton Road, Apache Junction, AZ 85119

Month reported (mm/yyyy): _____ Post: _____ District: _____

Chaplain: _____ Email or Phone: _____

Commander: _____ Email or Phone: _____

PERSONAL CONTACTS:

(Only Unreimbursed \$)

Hospital/Hospice Visits: _____ Hours: _____ Miles: _____ \$ _____

Home/Nursing Home: _____ Hours: _____ Miles: _____ \$ _____

Transportation Trips: _____ Hours: _____ Miles: _____ \$ _____

Phone Calls: _____ Hours: _____

CEREMONIES AND RITUALS: (Performed or attended)

Funeral Memorials: _____ Hours: _____ Miles: _____ \$ _____

Other: _____ Hours: _____ Miles: _____ \$ _____

Other: _____ Hours: _____ Miles: _____ \$ _____

Other: _____ Hours: _____ Miles: _____ \$ _____

CARDS SENT:

Get Well: _____ Sympathy: _____

Thinking of You: _____ Other: _____ \$: _____