

# DEPARTMENT OF ARIZONA MONTHLY CHAPLAIN REPORT

Due by the 10<sup>th</sup> of each month. / Email to [deptchaplain.az@gmail.com](mailto:deptchaplain.az@gmail.com) / Fax: (833) 767-1642 /  
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

*(Please enter 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)*

Funerals Memorials: \_\_\_\_\_ Hours: \_\_\_\_\_ Miles: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ Hours: \_\_\_\_\_ Miles: \_\_\_\_\_ \$ \_\_\_\_\_

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## CARDS SENT

Get Well:\_\_\_\_\_ Sympathy:\_\_\_\_\_

Thinking of You: \_\_\_\_\_ Other: \_\_\_\_\_ \$ \_\_\_\_\_

**DEPARTMENT OF ARIZONA**  
**CHAPLAIN REPORT INSTRUCTIONS**  
**Reports are due by the 10<sup>th</sup> of each month;**  
**Refer to the top of the form for details.**

Email completed form to: deptchaplain.az@gmail.com / Fax: (833) 767-1642  
Or Mail to Phil Erickson, 1226 N Hilton Road, Apache Junction, AZ 85119

**Month Reported** (mm/yyyy): Enter month in the format mm/yyyy

**Post #:** Post Number

**District:** District Number

**Chaplain:** Post Chaplain

**Email or Phone:** Chaplain's email or Phone

**Commander:** Post Commander

**Email or Phone:** Commander's email or Phone

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**PERSONAL CONTACTS**

Enter the number of individuals visited or transported on each line. (If transporting multiple individuals to the same destination, please count 1 trip)

Hours: Enter Hours in .5 hour increments, to include travel time.

Miles: Enter Miles in whole mile increments for your round trip from point of origin

\$: Enter any Unreimbursed Expenses

Phone Calls: Enter the number of calls either incoming or outgoing / Enter Hours rounded up to the next 15 Minutes

**CEREMONIES AND RITUALS** *(Performed or attended)*

Funerals/Memorials: Include Celebration of Life

Enter Hours, Miles and \$ same as above

Other: Please specify e.g., Post Celebration, Wedding, Dedication Service, etc. Add more lines as needed.

**CARDS SENT**

Enter the number of cards sent in each category.

\$: Enter any unreimbursed value of postage