

Hospital Report

Only those activities that involve service to, visits to, the loan of equipment to or the donation of items listed on the reverse side, to live veterans are reported on this form. That includes those veterans in VA, military and other hospitals, nursing homes, shut-ins, the impoverished and the homeless.

Email reports to: **surgeon@vfwaz.com**

Report Period: Month _____

Year _____

Post/Aux # _____

District _____

Submitted By- _____

Title _____

How Many	Description	Number of Persons Participated	Total Hours	Total Miles	Donations	Persons Benefited
	Pints of Blood Donated @ \$69.99/Pint					
	Home Visits Completed					
	Veterans Transported					
	Hospital Visits					
	Care Center/Nursing Home Visitations					
	VA Hospital Visits					
	Life Care/Senior Care Visits					
	Other					
	SUB TOTAL					
	MULTIPLIED X		\$22.55	\$0.14		
	HOSPITAL EQUIPMENT LOANED					
	EACH COLUMN TOTAL					

Total \$	
Total Miles	

Hospital Equipment Loaned

	Item	value \$
1		
2		
3		
4		
5		
	TOTAL VALUE	

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Reports are due on the
10th of each Month