

MARINE CORPS LEAGUE AUXILIARY
VAVS HOSPITAL REPORT

Department/Unit Date
 City State Number of members in Unit
 Name of Hospital Address
 Chairman Address
 Email or Phone #

List actual cash value for:

| | | | | |
|-----------------|----|-------------------------|----|--|
| Donations to VA | | Occupational | | |
| Hospital Funds | \$ | Therapy Supplies | \$ | |
| Gifts | \$ | Refreshment and | | |
| | | Service Supplies | \$ | |
| Prizes | \$ | Books, reading material | \$ | |
| Flowers | \$ | Other (describe) | \$ | |
| Personal items, | | | | |
| Lap robes, etc. | \$ | | | |

Type of Activity

If additional space is needed please attach a separate sheet.

Work in VA Hospitals in any capacity should be listed.

Enter in the space provided below, the name of each volunteer, times volunteered, mileage (per driver) and total hours volunteered. Value of mileage to hospitals counted is automatically calculated at .14 cents per mile.

| | | | |
|-----------------------------------|--------------------|----------------|--------------------|
| <u>Name of Volunteer</u> | <u>Times</u> | | |
| <u>(If a non-member, add [N])</u> | <u>Volunteered</u> | <u>Mileage</u> | <u>Total Hours</u> |

| | | | |
|---------|-------------------|-------------------|---|
| TOTALS: | Times Volunteered | Hours | Donations |
| | Miles | Value of Miles \$ | Total Value (Donations + Value of Miles) |

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