

VETERANS OF FOREIGN WARS OF THE UNITED STATES
DEPARTMENT OF FLORIDA

VAVS REPORT

DATE _____

OFFICE OF VFW HOSPITAL ACTIVITIES LOCATED AT: _____

REPORT OF CASH AND OTHER CONTRIBUTIONS FOR MONTH OF: _____

VFW Post No.	Hours	No. Visits Made	Persons Attending	Miles	Donations	Other Donations	Value	Remarks
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
TOTALS								

CASH ON HAND		
CASH RECEIVED		
EXPENDITURES		
BALANCE ON HAND		