PLEASE PRINT

Program Categories

1. AADAA
2. AMVETS Task force DVD
3. Americanism
4. Blood Drives
5. Care Bear
6. Clothing & Food
7. Fund Raising
8. Homeless Veterans
9. Hospitalized Veterans
10. Military Funeral Honors
11. Organ & Bone Marrow Donor
12. POW/MIA
13. ROTC
14. Safe Driver
15. Scouting
16. Special Olympics
17. Support for NG Troops
18. Support for Troops (Not NG specific)
19. Veteran History Project
20. White Clover

* 21. Other (Community Service)
* 22. Communications PRO Activity
* 23. Legislative Activity
* 24. Membership Activity
* 25. Veterans Service / Claims Act

Select your program categories from this list. Enter one category per line on the reverse side of this form. If you are reporting on more than (5) programs, please use additional forms. ***PLEASE PRINT.***

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Important Note for the Preparer:

Sharing information is vital to the continued success and future development of AMVETS Programs. The information you provide will help us to set priorities and identify areas of need within our various programs, and fulfills an IRS accountability requirement as a tax-exempt organization.

Deadlines:

Posts should forward a report to their department headquarters at least once each quarter. Departments will review all post reports, compile a summary and send to National for periods ending June and December each year.

Re: VAVS Reporting
VAVS Regular Scheduled hours and Occasional Hours ***are not reported*** on this form. They are captured when AMVETS who are registered, sign in at Medical Centers using the (006) code. However, volunteer hours worked at all other veteran hospitals/facilities should be reported on this form under the **Hospitalized Veterans category**.

Programs Reporting Form

Post# _____
Address_____
City_____
State_____Zip_____
POC_____
Title_____
Phone (W)_____
Phone (H)_____

Mail, Fax or Email completed form to your Department. If your post is located in a non-department state, please mail your form directly to the National Programs Dept.

Questions: 877-726-8387 x 4031

Why not try Online Reporting at www.amvets.us/reports

Revised December 2006

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Programs Reporting Form for *(circle one)*:
Sept. 20____ - Dec. 20___ - Mar. 20___ - June 20___

AMVETS Programs Reporting Form

Post # **Dept.**

Program Categories	Brief Comment	# of Vol's	Hours @ $20.25 per hr * As of Spring 2009		Travel @ .14 (cents/mile)		$ Expenses	$ Donations	Total $ value of program
			Number of hours	$ Value of total hours	Number of miles	$ Value of total miles			
1	2	3	4	5	6	7	8	9	10

INSTRUCTIONS:

1. Program category selected from other side.
2. Comment optional for Program Categories (1 – 18) *** (Asterisk categories)** ***Comments mandatory for Program Categories*** **(19 – 23)**
3. Number of people who participated (AMVETS, Auxiliary, Sons, friends and members of other community organizations.)
4. Total hours for all volunteers
5. Total dollar value of hours (# of hours x $17.19)
6. Total miles for all volunteers
7. Total dollar value of all mileage (# of miles x .14 cents)
8. Cost, expenses associated with conducting program. Total of receipts for materials, etc. ***Do Not Include Hours & Miles value***.
9. Donations
10. Total value of Program: ***(Add columns 5, 7, 8, 9 Together)***

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