



VA&R MONTHLY REPORT

Date: _____/_____/_____

Reporting Month: _____

Report must be turned into Department Headquarters and the Department VA&R Chairman by the 10th of each month. Please send the report along with the bank statement and cancelled checks to the Department Secretary.

ALA Representative

Hospital/Clinic

Number of beds in your facility? _____

How many veterans were served? _____

Are you able to serve the veterans in person? _____

Please list the names and number of monthly volunteer hours for the following people.

| Type of Volunteer | Name | Hours | Type of Volunteer | Name | Hours |
|--------------------|------|-------|-------------------------|------|-------|
| ALA Representative | | | AL | | |
| ALA Deputy | | | SAL | | |
| | | | Volun Teens | | |
| Total ALA Hours | | | Un-affiliated Volunteer | | |

Please list travel miles, dates and purpose of travel (also note if these are miles for the Rep or Dep)

| Date | Miles | Purpose |
|-------|-------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Rep Mileage _____ = \$ _____ Dep Mileage _____ = \$ _____
(Rep & Dep reimbursement at .25 cents per mile)

TOTAL all Miles _____

Please include all miles, even if you are not requesting reimbursement. See Stipend/Mileage Request form

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Please list any additional funds you have received (formerly Gift of the Month), who donated and what the purpose of the donation was for.

| Date | Amount Donated (Cash/Check Number) | Name/Unit | Purpose |
|------|--|-----------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

In-Kind Donations:

Please include the estimated value of items received.

| Date | Item | Estimated Value | Name/Unit | Purpose |
|------|------|--------------------|-----------|---------|
| | | | | |
| | | | | |
| | | | | |

You must include any additional funding you receive in your monthly reports. At no time should there be more than \$2,500.00 in your VA & R bank account. Amounts exceeding \$2,500.00 should be turned into Department Headquarters where it will be held in the VA & R Account until needed. These funds will not and cannot be used at another facility.

Please attach your receipts to this monthly report. You must be up-to-date in order to receive funds.

Send all reports to
VA & R Chairman MaryAnn Paul mapminmol@gmail.com
9434 Hill View Dr, Dallas, TX 75231 214-629-8529
Department Secretary secretary@alatexas.org
Finance Committee Chair Christinet2121@yahoo.com