

**American Legion Auxiliary Department of Missouri**

**Veteran’s Administrative and Rehabilitation Monthly Report**

Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital/Home Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Monthly Expenditures** **Month**

**Please list expense amount and what it was for.**

 **Total**

 \_\_\_\_Hospital Bed Load

 \_\_\_\_Nursing Home Care

\_\_\_\_Unit Bed Load

 \_\_\_\_\_\_**Total Operating Beds**

**\_\_\_** Total Volunteers worked for the month \_\_\_\_Total Hours

$ \_\_\_\_\_ Donations received from Belton ALA

$ \_\_\_\_\_ Donations received from

$ \_\_\_\_\_ Amount received from Department HQ

$ \_\_\_\_\_ **Total**

**American Legion Auxiliary Department of Missouri**

**In the lines below please tell us where you traveled to. Purpose of travel and mileage.**

**Example: went to Walmart to purchase gift cards for Veterans Christmas Shop. Mileage 15.6 miles**

 **Total Miles Traveled: \_\_\_\_\_**

**Total Hours Representative Volunteered: \_\_\_\_\_**

 **Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

OFFICE USE ONLY

VA&R Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Secretary/Treasurer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CODE 3701