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Description automatically generated

**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