



# Veterans Affair Voluntary Service Report

## Department of Pennsylvania, MCL

**Committee Use Only:**

Category:     I     II     III

Type of Report:

**Semi Ann. / Yearly**

Det No. \_\_\_\_\_ Detachment Name \_\_\_\_\_

Name of Hospital(s) or \_\_\_\_\_  
 Veterans Homes visited \_\_\_\_\_  
*Use separate sheet if necessary*

\_\_\_\_\_ 20 \_\_\_\_  
*Date Annual Joint Review completed.*  
*(MCL Due in Feb.)*

	First Quarter			Second Quarter			Third Quarter			Fourth Quarter			Totals
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
1. No. of Mbrs. participating:													
2. Total Mileage traveled													
3. Volunteer Hours (total):													
4. Cost Incurred:													
a. Food & Beverage													\$
b. Canteen Books													\$
c. Books													\$
d. Clothing													\$
e. Equipment													\$
f. Other donations in \$ <small>(Include estimated value,  use separate sheet if needed)</small>													\$
5. Special Events (specify):													
a. VAVS Quarterly Meeting													
b. Other <i>(Use separate page)</i>													

Remarks: \_\_\_\_\_

**NOTE:** To assure uniformity during the judging for the MCL of PA VHVS awards and for reimbursement, this form must be used.

Only two reports are required. If you wish the stipend on time, the reports must be to VAVS Chairman before **2 January** and **1 June**.

Submit to: James J. Miller, 1257 Memory Lane, West Chester PA 19380; 610 696-8847