Dept of PA, MCL VAVS Report
Page 2, Special Events

Committee Use Only:
Type of Report:
Semi Ann. / Yearly

_____ _____ _____ 20 _ _
Det No. Detachment Name Date

SPECIAL EVENT and DATE										**Totals**
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 $ *(Include estimated value, use separate sheet if needed)*										$

Comments: