

MONTHLY HOSPITAL FUND REPORT

Funds Allocated for VAVS Hospital Program from the Department Treasury

Name of Hospital:
Number of Veterans:
Representative:
Date:

*Keep a copy for your records

*Send a Copy to the Department Treasurer

*Send a Copy to the Department Hospital Chairman

Monthly/Quarterly Allowance from Department	\$
Date Received:	
Special Funds Received from Department	\$
Total:	\$
Expenditures:	\$
End of Month Balance:	\$

Representative or Deputy Name	Number of Visits	Hours	Describe Your Visit

Items Purchased: Include Receipts with your Report

1.
2.
3.
4.
5.

Total Department Credit for the Month: \$ _____

All Funds will go through the Department Treasurer

***DO NOT Keep a separate account for Hospital Funds.
Only the Department Treasurer is bonded for these Funds.***

Bylaws Section 813C