SONS OF AMVETS
NATIONAL HEADQUARTERS
PROJECT REPORT FORM

Please mail all paper reports to :
Sons of AMVETS Dept of Ohio
960 Checkrein Ave
Columbus, Ohio 43229
ohiosons@ohsonsofamvets.org

4647 Forbes Blvd. **Lanham, MD 20706**
Phone - (301) 683-4099 **Email: natsons@sonsofamvets.org**

SQUADRON NO. _____ **DEPARTMENT OF** _____ **DATE** _____

CONTACT PERSON: _____ **PHONE** _____

EMAIL ADDRESS _____

TYPE OF PROGRAM:

☐ **NEW PROGRAM** ☐ **CONTINUING, IF CONTINUING, HOW LONG?** _____

CATEGORY OF PROGRAM:

☐ **A=AMERICANISM** ☐ **E=EDUCATION** ☐ **H=HEALTH/WELFARE** ☐ **V=VAVS**

☐ **P=POST SUPPORT** ☐ **C=COMMUNITY** ☐ **O=OTHER**

WAS THE PROJECT?

☐ **SONS PROGRAM** ☐ **POST PROGRAM** ☐ **AUXILIARY PROGRAM** ☐ **OTHER**

DESCRIBE THE PROJECT:

_____

_____

_____

_____

_____

_____

(ATTACH ADDITIONAL PAPER IF REQUIRED) **(THE VALUE FOR HOURS AND MILES WILL CHANGE EACH YEAR AND IS BASED ON THE AMVETS CALCULATIONS)**

NUMBER OF VOLUNTEERS _____ **TOTAL HOURS** _____ **MILES DRIVEN** _____

AMOUNT OF FUNDS EXPENDED FROM SONS BUDGET/DONATIONS RECEIVED $ _____
(include money, supplies, space, etc.)

AMOUNT OF CHECK WRITTEN AS DONATION TO PROJECT $ _____

AUTHORIZED SIGNATURE _____ **DATE** _____

TITLE _____

REV. 10/2015

COPIES MUST BE SUBMITTED TO DEPARTMENT 2ND VICE COMMANDER BY JUNE 15
DEPARTMENTS AND SQUADRONS WITHOUT DEPARTMENTS MUST SUBMIT COPIES TO NATIONAL BY JULY 1