

Community Service Report - VFW Post 7720

Print Only Please

Date of Service: _____ Name: _____

Member

Auxiliary

Help Provided to:

Person(s) Name

Veteran Veteran Spouse/family member Civilian

(or)

Organization Name

Type of Service:

Transportation Physical Assistance (describe below) Benefits Counseling (describe type below)
 Buddy Poppy drive Recruitment
 Hospital/Nursing Home Visits Other (describe below)

Service/Destination Location:

Members home Outside Members home (Event, Address or facility name here)

Volunteered hours total: (include all travel time) _____ hrs.

Travel miles total: (your home to your home) _____ miles.

Comments:

Out of Pocket Expenses

None
 Tolls ---- \$ _____
 Parking - \$ _____
 Food ---- \$ _____
 Hotel ---- \$ _____
 Other ---- \$ _____
(describe in comments)
Total Expenses - \$ _____

Hand in completed report or email: FMFDocShipley@gmail.com Subject line: **CSR Report**