



Veterans Voluntary Service First Quarter Report Department of Pennsylvania, MCL

Committee Use Only:

Category: I II III

Det No. _____

Detachment Name _____

Name of Hospital(s) or _____
Veterans Homes visited
Use separate sheet if necessary

_____ 20 ____
*Date Annual Joint Review completed if a VAMC
(MCL Due in Feb.)*

	July	August	September		Totals
1.No. of Mbrs. participating:					
2.Total Mileage traveled					
3Volunteer Hours (total):					
4.Cost Incurred:					
a. Food & Beverage				\$	
b. Canteen Books				\$	
c. Books				\$	
d. Clothing				\$	
e. Equipment				\$	
f. Other donations in \$ <i>(Include est. value, use separate sheet if needed)</i>				\$	
5. Special Events :	VA Monthly meetings/Special Events - Check appropriate month below and include totals in 1 to 4 above				
a. VAVS Monthly Meeting					
b. Other <i>(Use separate page)</i>					
Remarks:					

NOTE: To assure uniformity during the judging for the MCL of PA VVS awards and for reimbursement, this form must be used. No other versions accepted.
Four reports are required annually. If you wish the stipend on time, two reports each must be submitted before **2 January** and **1 June**.
Submit to: **VVS Chair, Jacob Bertin 25 Cherokee Lane Williamsport, PA 17701** or **aaronber50@outlook.com**