



# Veterans Voluntary Service Second Quarter Report

## Department of Pennsylvania, MCL

<b>Committee Use Only:</b>			
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.)*

	October	November	December		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: **XXUEj ckt. 'Lceqd'Dgt vlp'47'Ej gt qnng'Ncpg'Y knco ur qt v.'RC'39923'''qt '''ect qpdgt 72B qwnqnlqo**