



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 Home(s) visited
Use separate sheet if necessary _____

		July	August	September	Totals
Total # of Members Participating					
Total Mileage Traveled					
Total Volunteer Hours					
Total Cost Incurred:					
a. Food/Beverage/Clothing					\$
b. Books/Equipment					\$
Monetary Donations					\$
Funerals for MCL Member(s)					
Funerals for USMC					
Total Funerals Performed					
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 ensure uniformity during the judging for the MCL Dept of PA VVS awards and for reimbursement, this form must be used. No other versions accepted. Four reports are required annually. If you wish to receive 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**