

VETERANS OF FOREIGN WARS OF THE UNITED STATES

VFW SERVICE OFFICE
Fallon Federal Building
31 Hopkins Plaza, Room 1226
Baltimore, MD 21201-2804

Phone: 410-230-4480
FAX: 410-230-4481

DEPARTMENT OF MARYLAND

MONTHLY POST SERVICE OFFICER'S REPORT FOR THE MONTH OF: _____

I. **Forms prepared** I completed for a veteran or for his/her dependent and submitted to the Department Service Officer for processing.
Name of the Form I Title

	Number Submitted
1. Application for Disability Compensation NSC Pension, VA FORM 21-526	_____
2. Application for Burial Benefits, VA FORM 21-530	_____
3. Statement to Support Claim, VA FORM 21-4138	_____
4. Application for Headstone or Grave Marker, VA FORM 40-1330	_____
5. Request for Military Records, Standard FORM 180	_____

II. Volunteer Work The Post Service Officer Performed

<u>Type of Visit</u>	<u>No. of Visits Made</u>	<u>Hours spent per Visit</u>	<u>Mileage (Round Trip)</u>	<u>No. of People Counseled</u>	<u>Total Cost (Add Hrs to Mileage)</u>
Home	_____	_____	_____	_____	_____
VA Hospital	_____	_____	_____	_____	_____
Nursing Home	_____	_____	_____	_____	_____
All Other	_____	_____	_____	_____	_____

Note: Note the current hourly rate for Volunteer Work is \$18.04 per hour and the mileage rate is \$.14 per mile.

III. Post Owned Medical Equipment Currently Out On Loan

1. Wheelchairs: _____	2. Crutches: _____	3. Hospital Beds: _____
4. Potty Chairs: _____	5. Canes: _____	6. Walkers: _____
7. Bathtub Chairs: _____	8. Mattresses: _____	9. Adjustable Tables: _____

VI. Remarks (if necessary):

Report Submitted By:
POST NO. _____ DISTRICT NO. _____
Date Submitted:

THE SERVICES OFFICERS REPORTING PERIOD FOR EACH MONTH WILL BEGIN THE 15TH OF THE PREVIOUS MONTH AND RUN TO THE 15TH OF THE CREDIT MONTH.