

DEPARTMENT OF MARYLAND, VETERANS OF FOREIGN WARS

COMMUNITY SERVICE PROGRAMS REPORT FORM				DO NOT USE THIS SPACE				
POST NUMBER:		DISTRICT NUMBER:						
REPORT FOR THE MONTH OF:								
DATE	REPORT OF ACTIVITIES AND PROJECTS			AMER	C/A	SAFETY	YOUTH	HOSP.
	DESCRIPTION OF ACTIVITY:							
	MEMBERS:	HOURS:	MILES:					
	PROJECT COST(S):		TOTAL COST(S):					
BENEFITED:								
	DESCRIPTION OF ACTIVITY:							
	MEMBERS:	HOURS:	MILES:					
	PROJECT COST(S):		TOTAL COST(S):					
BENEFITED:								
	DESCRIPTION OF ACTIVITY:							
	MEMBERS:	HOURS:	MILES:					
	PROJECT COST(S):		TOTAL COST(S):					
BENEFITED:								
	DESCRIPTION OF ACTIVITY:							
	MEMBERS:	HOURS:	MILES:					
	PROJECT COST(S):		TOTAL COST(S):					
BENEFITED:								
	DESCRIPTION OF ACTIVITY:							
	MEMBERS:	HOURS:	MILES:					
	PROJECT COST(S):		TOTAL COST(S):					
BENEFITED:								

WHITE COPY FOR DEPARTMENT RECORDS

YELLOW PAGE FOR POST RECORDS

PINK COPY FOR DISTRICT RECORDS