

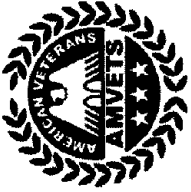
Important Note for the Preparer:

Sharing information is vital to the continued success and future development of AMVETS Programs. The information you provide will help us to set priorities and identify areas of need within our various programs, and fulfill an IRS accountability requirement as a tax-exempt organization.

Should you require assistance in completing the form on the reverse, please refer to the instructional diagram located in the back of the Programs Manual.

Deadlines:

Posts should forward a report to their department office each quarter. Departments will review all post reports and compile a summary, to include all posts, and file a report with the National Programs Department twice a year in January and July.



AMVETS Post Programs Reporting Form

Department _____

Address _____

City _____

State _____ Zip _____

Contact _____

Title _____

Phone (W) _____

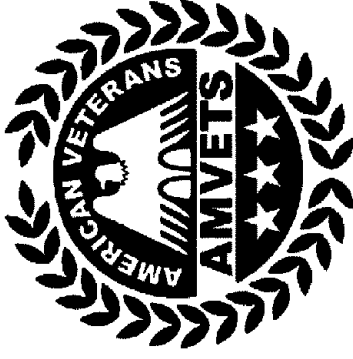
Phone (H) _____

Mail, fax, or e-mail completed form to:

Your Department

If you are in a non-department State, please mail directly to:
National Programs Dept.
Questions: 877-726-8387 x 4030

Revised July 2003



AMVETS Post Programs Reporting Form

Programs Report Form for (circle one):

Sept. 2002 - Dec. 2002 - Mar. 2002 - June 2002

AMVETS Programs Reporting Form

Post # _____

Program	Number of volunteers	Hours @ \$20 per hr		Travel @ .36 (cents/mile)		\$ Activity cost	\$ Donations	\$ Total of program
		Number of hours	\$ Value of hours	Number of miles	\$ Value of miles			
1	2	3	4	5	6	7	8	9

1. Program / Activity Event
2. Number of People Who Participated (AMVETS, Aux., Sons, and/or family members)
3. Total Hours
4. Total Dollars (# of hours x \$20.00)
5. Total Miles
6. Total Dollars for Mileage (# of miles x .36 cents)
7. Cost of Activity or Program (DO NOT INCLUDE HOURS OR MILES)
8. Dollars Donated
9. Total Cost of Program (ADD 4, 6, 7, 8 TOGETHER)