

Department of Washington
Auxiliary VFW
Monthly Hospital report – Date: _____

Name of Hospital	
Representative	
No. of Veterans	

List Activities. _____

Purchases	Amount	Purchases	Amount

Balance on hand at beginning of month..... \$ _____
 Monthly allowance received from Department- Ck#..... \$ _____
 Special funds received from Department - Ck#..... \$ _____
 Total \$ _____

Expenditures \$ _____
 Balance on hand end of month \$ _____

	No. of Visits	Hours
Representative:		
Deputy - 1		
Deputy - 2		
Deputy - 3		

Approved:

_____ (date) _____
 Hospital Chairman

Copies to:
 Dept. Hospital Chairman
 Dept. Treasurer
 Your file