FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

Local Veterans Assistance Program Monthly Report Form

Department LVAP Monthly Report for _____ / _____
1. Month Year

_____ _____
2. Chapter Name (if applicable) 3. State

4. Volunteer Name	5. Last 4 of SSN	6. DSO/CSO Work	7. Fundraising Efforts	8. Outreach Events	9. Veteran Assistance
10. TOTAL					

LVAP MONTHLY REPORT INSTRUCTIONS

Item 1	Indicate the month and year of this report. **One form should be used for each month being reported.**
Item 2 and 3	Name of the chapter (if applicable), and the state it is located in.
Item 4	Volunteers full name.
Item 5	Last four digits of the volunteer's social security number.
Items 6 thru 9	Report the volunteer's hours for DSO/CSO work, fundraising efforts, outreach events and veterans assistance.
Item 10	Grand total of each category.