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. Date of Birth	6.DSO Work	7. CSO Work	8. Forget me Not (Fundraising)	9. DAV Outreach	10. LVAP (Veterans Assistance)
11. 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	Volunteers date of birth
Items 6 thru 10	Report the volunteer's hours for DSO work and CSO work, Forget Me Not (any fundraising efforts), DAV Outreach and LVAP (any kind of veteran assistance that doesn't fall into one of the categories).
Item 11	Grand total of each category.