

# POST HOSPITAL REPORT

DATE: \_\_\_\_\_ PERIOD - MONTH ENDING \_\_\_\_\_

DEPARTMENT: WASHINGTON DISTRICT # \_\_\_\_\_ POST # \_\_\_\_\_

LIST PROJECTS BELOW

DATE	DESCRIPTION	# PATIENTS	# PEOPLE PARTICIPATING	TOTAL HOURS	TOTAL MILES	DONATION OF SERVICES	Discription
<b>Totals</b>							

**NOTE:** \_\_\_\_\_ **Totals**  
 If description block is not adequate, put additional information on back of form

**SIGNED** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**PHONE #** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

TOTAL HOURS	X	\$16.10	\$ _____
TOTAL MILES	X	\$0.14	_____
TOTAL DONATIONS OR SERVICES			_____
BLOOD DONATIONS NUMBER OF PINTS	X	\$69.00	_____
TOTAL VALUE OF REPORT			\$ _____

**FORWARD THIS REPORT TO:**  
 VFW, Department of Washington  
 5213 Pacific Highway East  
 Fife, WA 98424

Fax to: 253-922-2208  
 email to: [deptsec@vfwwa.net](mailto:deptsec@vfwwa.net)