POST HOSPITAL REPORT

Only report what you do as a VFW member - no personal items allowed

DATE: _____ **Month** _____

DEPARTMENT: **WASHINGTON** **DISTRICT #** _____ **POST #** _____

LIST PROJECTS BELOW

DATE	DESCRIPTION	# PATIENTS	# PEOPLE PARTICIPATING	TOTAL HOURS	TOTAL MILES	VALUES	DESCRIPTION OF VALUE
	VISITATIONS						
	HOSPITAL VISITS						
	VA HOSPITAL VISITS						
	HOME VISITS						
	NURSING HOME VISITS						
	VA Hospital Bingo						
	VOLUNTEERING						
	DONATIONS OF ITEMS OR MONEY						
	MEDICAL EQUIPMENT ON LOAN						
	BATHROOM LIFT CHAIR						
	ELECTRIC WHEELCHAIRS						
	MANUAL WHEEL CHAIRS						
	ELECTRIC HOSPITAL BED						
	MECHANICAL HOSPITAL BED						
	KNEE SCOOTERS						
	WHEELED WALKERS						
	WALKERS						
	TOILET SEAT RISERS/ COMMODE						
	SHOWER CHAIRS						
	CRUTCHES						
	CANES/ ARM BRACES						
	WELL-CHECK CALLS						
	PLATELETS/BLOOD DONATIONS						
	CARDS & FLOWERS						
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 VALUES _____

BLOOD DONATIONS

 # 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

Revised July 2021