

Member's Name _____
 Membership # _____
 Month/Year _____



Local Veterans Assistance Report
MONTHLY REPORT
William R. Hold

Date of Service	Code	Description	Start Time	Finish Time	Hours
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Total Hours Front _____

Total Hours Back _____

Total Hours Front/Back _____

Codes: (A) Chapter Service Officer, (B) DAV Outreach, (C) Department Service Officer, (D) Fundraising, (E) Grassroots Legislative, (F) Homeless Stand Down, (G) LVAP, (H) Special Events, (I) Veteran Assistance

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Total Hours Back _____

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