

**Important Notice to all Departments and Chapters:**

This form must be completed as an itemized schedule for **Line 14** under the "Expenses/Disbursements" section of the financial report and **attached as an addendum to the report**. Alterations and/or grouping of these lines are not acceptable. Please be prepared to substantiate all reported amounts with receipts, canceled checks, or other supporting documents.

**Amount**

**VA Medical Center Donations** (attach schedule listing name of VAMC, amount donated and a copy of recognition letter from VAMC): \$ \_\_\_\_\_

**VAVS Programs** (attach schedule of each program by facility and total program expense for each): \_\_\_\_\_

**National Transportation Van Grant Program:** \_\_\_\_\_

**Service Programs** (attach schedule listing name of each program and total program expense for each): \_\_\_\_\_

**Service Officer Expenses:** \_\_\_\_\_

**Service Officer Salaries and Benefits** (attach schedule listing name(s) and total salary(ies) and benefits): \_\_\_\_\_

**Cost to Attend Service Schools:** \_\_\_\_\_

**Hospital Service Coordinators** (attach schedule listing name(s) and total salary(ies) and benefits): \_\_\_\_\_

**Donations to the Columbia Trust:** \_\_\_\_\_

**National Service Foundation Donations:** \_\_\_\_\_

**LVAP Programs** (attach schedule of each program and total program expense for each): \_\_\_\_\_

**Donations to State Veterans Homes** (attach schedule listing name of facility, amount donated and copy of recognition letter from facility): \_\_\_\_\_

**Housing Programs** (attach schedule listing name of facility, amount donated and copy of recognition letter from facility): \_\_\_\_\_

**Meal Programs** (attach schedule listing name of facility, amount donated and copy of recognition letter from facility): \_\_\_\_\_

**Publication of Newsletters/Periodicals** (devoted to providing service/VA benefits/ membership information): \_\_\_\_\_

**Grants to Homeless or Needy Veterans** (attach schedule by name and amount granted): \_\_\_\_\_

**Other Service/Charitable Expenses** (attach schedule listing the reasons for the disbursements with the total amount stated for each category): \_\_\_\_\_

**Total Amount of Line 14 Expenses** (this figure must equal the amount reported on Line 14 of Annual Financial Report): \$ \_\_\_\_\_