



DAV Department of Missouri DSO Activities Report

Out of Office Event: _____

Address: _____

Date of event: _____

DSO(s) Attending: _____

Activities: _____

Number of Attendees: _____

Number of Claims Taken: _____

Department Officers in Attendance: _____ Names below:

MSO Used? Yes No

Remarks: _____

(Note) Submit form to DSO Supervisor