FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

Local Veterans Assistance Program Monthly Report Form

Department LVAP Monthly Report for _____ / 2017

1. Month — Year

Chapter — Missouri

2. Chapter Name (if applicable) — 3. State

4. Volunteer Name	5. DSO/CSO Work	6. Fundraising Efforts	7. Outreach Events	8. Veteran Assistance
9. TOTAL				

LVAP MONTHLY REPORT INSTRUCTIONS

Item 1 — Indicate the month and year of this report. One form should be used for each month being reported.

Item 2 and 3 — Name of the chapter (if applicable), and the state it is located in.

Item 4 — Volunteers full name.

Items 5 thru 8 — Report the volunteer's hours for DSO/CSO work, fundraising efforts, outreach events and veterans assistance.

Item 9 — Grand total of each category.