

# DEPARTMENT S.C. EMPLOYMENT REPORTING FORM

MAIL THIS REPORT TO:  
VFW DEPARTMENT S.C.  
210 GLASSMASTER ROAD  
LEXINGTON, S.C. 29072



STATE HOMELESS CHAIRMAN  
AUGUSTUS SINGLETON  
803.269.6663

REPORT No. \_\_\_\_\_ POST/AUXILIARY No. \_\_\_\_\_ DISTRICT No. \_\_\_\_\_

REPORTING PERIOD FROM: \_\_\_\_\_ TO \_\_\_\_\_ MEMBERSHIP GROUP \_\_\_\_\_

DATE: \_\_\_\_\_

- ◆ DESCRIBE HOW YOU HAVE ASSISTED OR PROMOTED AWARENESS IN YOUR COMMUNITY AND BUSINESSES REGARDING HELPING VETERANS FIND EMPLOYMENT:

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*Total No. Programs/Projects/Employment Opportunities for Veterans this Report:* \_\_\_\_\_

*Total Monies Expended:* \$ \_\_\_\_\_ *Total Members Involved:* \_\_\_\_\_ *Total Member/s Hours:* \_\_\_\_\_

*Total Mileage X .14 cents per/mile:* \$ \_\_\_\_\_

*PREPARED BY:* \_\_\_\_\_ *TITLE:* \_\_\_\_\_ *PHONE:* \_\_\_\_\_

*POST/AUXILIARY No.* \_\_\_\_\_ *DISTRICT No.* \_\_\_\_\_ *MEMBERSHIP GROUP No.* \_\_\_\_\_

*ADDRESS:* \_\_\_\_\_ *CITY:* \_\_\_\_\_ *S.C.* \_\_\_\_\_ *ZIP:* \_\_\_\_\_