

DEPARTMENT S.C. HOMELESS 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 REGARDING HOMELESS VETERANS:

Total No. Programs/Projects/Homeless Veteran/s Assistance 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:* _____