



SONS OF AMVETS NATIONAL HEADQUARTERS PROJECT REPORT FORM

1395 E. Dublin Granville Rd., Suite # 115
Phone - (614) 825-4734

Columbus, OH 43229
Fax - (614) 825-4735

SQUADRON NO. _____	DEPARTMENT OF _____	DATE _____
CONTACT PERSON: _____		PHONE _____

TYPE OF PROGRAM:			
NEW PROGRAM _____	CONTINUING, IF CONTINUING, HOW LONG? _____		
CATEGORY OF PROGRAM:			
AMERICANISM _____	EDUCATION _____	HEALTH/WELFARE _____	VAVS _____
POST SUPPORT _____	COMMUNITY _____	OTHER _____	
WAS THE PROJECT?			
SONS PROGRAM _____	POST PROGRAM _____	AUXILIARY PROGRAM _____	OTHER _____

DESCRIBE THE PROJECT:

(ATTACH ADDITIONAL PAPER IF REQUIRED) (THE VALUE FOR HOURS AND MILES WILL CHANGE EACH YEAR AND IS BASED ON THE AMVETS CALCULATIONS)

NUMBER OF VOLUNTEERS _____ TOTAL HOURS _____ HRS X VALUE = _____

MILES DRIVEN _____ MILES X VALUE = \$ _____

AMOUNT OF FUNDS EXPENDED FROM SONS BUDGET \$ _____

VALUE OF DONATIONS RECEIVED (MONEY, SUPPLIES, SPACE, ETC.) \$ _____

TOTAL VALUE OF PROJECT \$ _____

AUTHORIZED SIGNATURE _____ DATE _____

TITLE _____

REV. 08/2011

**COPIES MUST BE SUBMITTED TO DEPARTMENT 2ND VICE COMMANDER BY JUNE 15
DEPARTMENTS AND SQUADRONS WITHOUT DEPARTMENTS MUST SUBMIT COPIES TO NATIONAL BY JULY 1**