

Department LVAP Monthly Report for _____ / _____
 1. Month _____ Year _____

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

4. Volunteer Name	5. Date of Birth	6.DSO Work	7. CSO Work	8. Forget me Not (Fundraising)	9. DAV Outreach	10. LVAP (Veterans Assistance)
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.
- Item 5 Volunteers date of birth
- Items 6 thru 10 Report the volunteer's hours for DSO work and CSO work, Forget Me Not (any fundraising efforts), DAV Outreach and LVAP (any kind of veteran assistance that doesn't fall into one of the categories).
- Item 11 Grand total of each category.