

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

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

4. Volunteer Name	5. Last 4 of SSN	6. DSO/CSO Work	7. Fundraising Efforts	8. Outreach Events	9. Veteran Assistance
10. 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 Last four digits of the volunteer's social security number.
- Items 6 thru 9 Report the volunteer's hours for DSO/CSO work, fundraising efforts, outreach events and veterans assistance.
- Item 10 Grand total of each category.