



**SERVICE/CHARITABLE EXPENSES SCHEDULE  
(FOR LINE 14)**

**IMPORTANT NOTICE TO: ALL DEPARTMENTS AND CHAPTERS**

When completing your Annual Financial Report, you are required to complete this form as an itemized schedule for **Line 14** under the "Expenses/Disbursements" part of the report. **It should be attached as an addendum to the financial report.** Please be prepared to substantiate all reported amounts with receipts, canceled checks, or other supporting documentation.

	<u>AMOUNT</u>
VA Medical Center donations (indicate name of VAMC and specific amount donated to each VAMC):	\$ _____
VAVS Programs:	_____
National Transportation Van Grant Program:	_____
Service Program: (attach explanation)	_____
Service Officer expenses:	_____
Service Officer salaries and benefits:	_____
Costs to attend service schools:	_____
Hospital Service Coordinators:	_____
Donations to the Colorado Trust:	_____
National Service Foundation donations:	_____
OVAP programs:	_____
Donations to State Veterans Homes:	_____
Housing Programs:	_____
Meal Programs:	_____
Publication of newsletters/periodicals (devoted to providing Service/VA benefits/Membership info.)	_____
Grants to homeless or needy veterans:	_____
Other Service/Charitable expenses: (attach explanation)	_____
	_____
<b>TOTAL AMOUNT OF LINE 14 EXPENSES</b>	\$ _____
<b>(This figure must equal the amount on Line 14 of Annual Financial Report)</b>	