

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.