

# Community Service Report - VFW Post 7720

Date of Service: \_\_\_\_\_ Name: \_\_\_\_\_  
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### Help Provided to:

Person(s) Name: \_\_\_\_\_

- Veteran   
  Veteran Spouse/family member   
  Civilian  
*or*

Organization Name: \_\_\_\_\_

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### Type of Service:

- Transportation   
  Physical Assistance (describe below)   
  Counseling  
 Buddy Poppy drive   
  Recruitment   
  Hospital/Nursing  
 Other: \_\_\_\_\_

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### Service/Destination Location:

- Members home   
  Outside Members home   
  Event

Describe: \_\_\_\_\_

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Volunteered hours total HOURS: (include all travel time) \_\_\_\_\_

Travel miles total: (your home to your home) MILES: \_\_\_\_\_

### Comments:

<input type="checkbox"/> None	Out of Pocket Expenses	
Tolls: \$ _____	Other: \$ _____	
Parking: \$ _____	(describe): _____	
Food: \$ _____		
Hotel: \$ _____	Total Expenses - \$ _____	

Hand in completed report or email: [MattheweRamey@gmail.com](mailto:MattheweRamey@gmail.com) Subject line: CSR Report