



Grant-Reeves VFW Post 7720
Community Service Report
(Please Print)

Date(s) of Service:

Name:

Member ☐

Auxiliary ☐

Help provided to:

Veteran ☐

Veteran Spouse/Family ☐

Civilian ☐

Name of person(s):

OR

Organization Name:

Type of Service:

Transportation ☐

Recruitment ☐

Other (Explain) ☐

Buddy Poppy Drive ☐

Physical Assistance (Explain) ☐

Hospital/Nursing Home Visits ☐

Benefits Counseling (Explain) ☐

Service Description:

Location of Service:

Members Home ☐

Outside of Members Home ☐

(telephone/computer/research)

Event, Address, or Facility Name Below:

Volunteered Hours Total: (at home or all round-trip travel time)

Travel Miles Total: (all round-trip travel miles)

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

Hand in completed report at monthly meeting, or
email to david.joseph.barrett@gmail.com Include subject line: **CSR Report**