



SONS OF AMVETS NATIONAL HEADQUARTERS PROJECT REPORT FORM

Please mail all paper reports to :
Sons of AMVETS Dept of Ohio
960 Checkrein Ave
Columbus, Ohio 43229
ohiosons@ohsonsofamvets.org

4647 Forbes Blvd.
Phone - (301) 683-4099

Lanham, MD 20706
Email: natsons@sonsofamvets.org

SQUADRON NO. _____	DEPARTMENT OF _____	DATE _____
CONTACT PERSON: _____		PHONE _____
EMAIL ADDRESS _____		

TYPE OF PROGRAM:

☐ NEW PROGRAM

☐ CONTINUING, IF CONTINUING, HOW LONG? _____

CATEGORY OF PROGRAM:

☐ A=AMERICANISM

☐ E=EDUCATION

☐ H=HEALTH/WELFARE

☐ V=VAVS

☐ P=POST SUPPORT

☐ C=COMMUNITY

☐ O=OTHER

WAS THE PROJECT?

☐ SONS PROGRAM

☐ POST PROGRAM

☐ AUXILIARY PROGRAM

☐ OTHER

DESCRIBE THE PROJECT:

(ATTACH ADDITIONAL PAPER IF REQUIRED) (THE VALUE FOR HOURS AND MILES WILL CHANGE EACH YEAR AND IS
BASED ON THE AMVETS CALCULATIONS)

NUMBER OF VOLUNTEERS _____ TOTAL HOURS _____ MILES DRIVEN _____

AMOUNT OF FUNDS EXPENDED FROM SONS BUDGET/DONATIONS RECEIVED \$ _____
(include money, supplies, space, etc.)

AMOUNT OF CHECK WRITTEN AS DONATION TO PROJECT \$ _____

AUTHORIZED SIGNATURE _____ DATE _____

TITLE _____

REV. 10/2015

COPIES MUST BE SUBMITTED TO DEPARTMENT 2ND VICE COMMANDER BY JUNE 15
DEPARTMENTS AND SQUADRONS WITHOUT DEPARTMENTS MUST SUBMIT COPIES TO NATIONAL BY JULY 1