



AMERICAN LEGION AUXILIARY Department of North Carolina



VETERANS AFFAIRS & REHABILITATION COMMITTEE

HOSPITAL REPRESENTATIVE QUARTERLY REPORT

Due dates for quarterly reports to be at ALA NC HQ: October 15, January 15, April 15 and June 30

MEDICAL CENTER: _____

MONTHS REPORTING: _____

ATTACH QUARTERLY HOUR REPORT FROM VA HOSPITAL

VETERANS CARE: received from Department	\$ _____
Balance carried over.	\$ _____
Expenditures: (Attach receipts)	\$ _____
Balance last day of quarter.	\$ _____

VETERANS CARE EXPENSES EXPLANATION: _____

VETERANS CARE – ORDERED FROM DEPARTMENT: \$ _____
Receipts in office: _____

BINGO: -funds received from Department:	\$ _____
Balance carried over.	\$ _____
Expenditures: (attach receipts)	\$ _____
Balance last day of quarter.	\$ _____

Please give dates and number of veterans served.

SPECIAL VA & R CONTRIBUTIONS – received from Department	\$ _____
Balance carried over.	\$ _____
Expenditures: (attach receipts)	\$ _____
Balance last day of quarter.	\$ _____

Explanations: _____

Hospital Representatives Signature & Date: _____