



**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*

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

**VETERANS CARE EXPENSES EXPLANATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Please give dates and number of veterans served.  
\_\_\_\_\_  
\_\_\_\_\_

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

**Explanations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospital Representatives Signature & Date: \_\_\_\_\_