

HOSPITAL REPORT FORM

VETERANS OF FOREIGN WARS
DEPARTMENT OF NEW JERSEY

DATE: _____

DISTRICT NO: _____

POST NO: _____

LIST ACTIVITIES BELOW

DATE	LOCATION ACTIVITY	#VFW PEOPLE	TOTAL HOURS	TOTAL MILES	DONATIONS AND VALUE
TOTALS					

SIGNED: _____

TITLE: _____

PHONE NO.: _____

Mail or E-mail all reports within
(30) days of hospital activity to:

STATE HOSPITAL CHAIRMAN

Jennifer Long
300 Belgrove Dr
Kearny NJ 07032
(917) 716-6384
jenniferlong94@gmail.com

**YOU MUST DOWNLOAD
THIS FORM FIRST
IN ORDER TO USE
THE OPTION BELOW**

#OF PATIENTS BENEFITTED	
TOTAL HOURS x \$13.75	
TOTAL MILES X \$0.14	
TOTAL DONATIONS/SERVICES	
ON SITE OR OFF SITE	
TOTAL VALUE OF REPORT	

Rev. July 2022

HOSPITAL REPORT DIRECTIONS

1. **DATE** - Enter the date of the hospital activity.
2. **DESCRIPTION OF ACTIVITY** - (a) Include the name of the facility. **MUST BE ONE OF THE FOLLOWING: MENLO PARK MEMORIAL HOME, VINELAND MEMORIAL HOME, VETS HAVEN NORTH, VETS HAVEN SOUTH, PARAMUS MEMORIAL HOME, LYONS, EAST ORANGE, ELSMERE**
(b) What type of activity (Bingo Party, Night at the Races, Casino Night, etc.).
(c) If the activity was off station (movie, dinner, ball game, etc.). (d) If your post hosted the activity.
3. **# VFW PEOPLE** - Enter the number of VFW people who worked on the activity. Auxiliary members may be included.
4. **TOTAL HOURS** - Enter the total hours volunteered for this activity. (# of volunteers X length of activity = total hours.)
5. **TOTAL MILES** - Enter the total miles driven for this activity.
(# of volunteers X round trip miles = total miles.)
6. **DONATIONS OR SERVICES** - Enter the total amount of money spent for this activity.
7. **# OF PATIENTS BENEFITED** - Enter the total number of patients benefited from all the activities on this report.
8. **TOTAL HOURS X \$13.75** - Enter the value of total hours on this report multiplied by \$13.75
9. **TOTAL MILES X \$0.14** - Enter the value of total miles on this report multiplied by \$0.14.
10. **TOTAL DONATIONS/SERVICES** - Enter the value of all donations and services on this report.
11. **ON SITE OR OFF SITE** - Was the activity held on-site or off-site?
12. **TOTAL VALUE OF REPORT** - Sum of 8, 9, and 11 above.
13. **SIGNED** - Signature of the person filling out this report.
14. **TITLE** - Title of the person filling out this report.
15. **PHONE NUMBER** - The phone number of the person filling out this report.