



# SONS OF AMVETS NATIONAL HEADQUARTERS PROJECT REPORT FORM

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|                       |                     |             |
|-----------------------|---------------------|-------------|
| 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:**

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(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

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