



## Jewish War Veterans - Department of New Jersey Hospital Event Reporting Form

*Please report all visits to Veterans Facilities.*

	<i>Fill in Below</i>
Date of Event	
Post Number	
Post Name	
Post Representative Reporting	
Dept. of NJ Hospital Chairman	
Hospital or Nursing Home Visited	
Number of Volunteers	
Number of Patients Served	
Function	
Location of Function	
Length of Function	
Amount Expended	
Submitted by Hospital Chairman	
Approved by VAVS Representative	
Date Submitted	
Additional Information	
Additional Information	

Note: Post keep one copy for your records and submit one copy to the VAVS representative.  
If this form is not submitted your post will not be considered for the annual Hospital award.

Send this form to Hospital Chair – PDC Morty Millinger, 7 Lake Drive, Randolph, NJ 07869