



**VETERANS OF FOREIGN WARS OF THE UNITED STATES**  
**DEPARTMENT OF CONNECTICUT**  
**POST / AUXILIARY HOSPITAL CHAIRMAN'S REPORT**

Date of Visit: \_\_\_\_\_ Post Name: \_\_\_\_\_  
Post Number: \_\_\_\_\_ Dist # \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Hospital Name: \_\_\_\_\_ City: \_\_\_\_\_  
Nursing Home Name: \_\_\_\_\_ City: \_\_\_\_\_  
Post Members: \_\_\_\_\_ Aux Members: \_\_\_\_\_ Number of Patients \_\_\_\_\_

Total Number of Hours Volunteered: \_\_\_\_\_

Total number of miles: \_\_\_\_\_

**Type of Entertainment:**  
**Explain:**

**Briefly describe your expenses:**

NAME AND TITLE OF VISIT CHAIRPERSON:  
NAME AND TITLE OF PERSON SUBMITTING REPORT:  
CONTACT INFO (E-MAIL OR PHONE):

**Mail to:** \_\_\_\_\_ **or email:** \_\_\_\_\_  
Louis A. Carillo, State Surgeon \_\_\_\_\_ louiscarillo123@gmail.com  
38 Old Middletown Ave. East Hampton, CT 06424-1827

["For proper Credit, also report this information on your DEPARTMENT PROGRAM REPORT"](#)