



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: Rickey Samuel, State Surgeon
736 Legion Ave, New Haven, CT 06519
or email: mastergravedigger@gmail.com

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