

IMPORTANT

OUR AUDITORS INSIST THIS REPORT *MUST* BE FILED WITHIN 15 DAYS AFTER PROGRAM AT HOSPITAL OR ALLOTMENTS WILL BE STOPPED UNTIL IT IS RECEIVED.

Mail, Fax or E-mail the completed form to your State NVSC Chairperson.

ELKS NATIONAL VETERANS SERVICE COMMISSION

2750 N. Lakeview Avenue • Chicago, Illinois 60614-1889 • Phone (773) 755-4736

Hospital Entertainment Report for Month of 20.....

Name of Hospital Address

Facility Type: Hospital Outpatient Nursing Home Other # of Beds

Do you need assistance? Do other Lodges assist? If not, have you asked them?

INCOME

FINANCIAL STATEMENT

Name of Bank where allotment checks are deposited.....

Cash on hand at first of month (beginning balance).....

Received from Elks National Veterans Service Commission

Received from State Association

Received from Lodge

Other Source

TOTAL RECEIPTS.....

TOTAL AVAILABLE FUNDS.....

DISBURSEMENTS

PLEASE ITEMIZE:

.....

.....

TOTAL DISBURSEMENTS

Balance at end of month.....

DESCRIPTION OF PROGRAM(S).....

(use next page if more space is needed)

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Total number of patients Number of Elks volunteers Number of non-Elk volunteers.....

Date of this report.....

**WE WELCOME YOUR COMMENTS
PLEASE USE OTHER SIDE OF REPORT**

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Name of VAVS Representative in charge

Home or Office Address

City State Zip

Phone: ()

Lodge No.



