



VFW Department of California

1510 "J" Street, Suite 110

Sacramento, Ca 95814

Phone: (916) 449-8850 Fax: (916) 449-8832

SERVICE OFFICER REPORT FORM

POST: _____ DISTRICT: _____ REPORT PERIOD FROM: _____ TO _____

(Any contact you make personally or by telephone, which deals with any phase of service, claims, hospitalization, etc, should be reported. Report all correspondence)

INTERVIEWS –PERSONAL CONTACT: _____

INCOMING TELEPHONE CALLS: _____

OUTGOING TELEPHONE CALLS: _____

TOTALS: _____

CORRESPONDENCE-INCOMING: _____

OUTGOING: _____

TOTALS: _____

Patients and dependents visited in hospitals & convalescent homes. List specific hospitals on reverse giving dates, location, mileage and money spent.

VAMC OPC: _____ HOSPITALS/NURSING HOMES: _____

CLAIMS FILED: _____ REFERRALS TO DSO'S: _____

POWER OF ATTORNEYS FOR VFW: _____

OTHER REFERRALS (CVSO'S, ETC): _____

VFW MEMBERS RECRUITED BY YOU. NEW _____ REINSTATED: _____

MISCELLANEOUS SERVICES RENDERED. (List on back of this form). This portion should include employment referrals, vital statistics, relief cases, transportation (miles furnished), blood donors' procured and housing cases. (Funerals are to be reported under Americanism).

Submit this form to: VFW Department of California
1510 J Street, Suite 110
Sacramento, CA 95814
FAX (916) 449-8832

NOTE: THIS FORM PROVIDES REQUIREMENT AND CREDIT FOR DEPARTMENT AWARDS ONLY

(SIGNATURE)

(TITLE)