



VAMC Monthly Report

Location _____

Month _____

Representative _____

INCOME (Deposits made by Representative)

Unit/Post#	Amount	Circle the one that applies to donation			
_____	\$ _____	Events	Toiletries	Socks	Christmas
_____	\$ _____	Events	Toiletries	Socks	Christmas
_____	\$ _____	Events	Toiletries	Socks	Christmas
_____	\$ _____	Events	Toiletries	Socks	Christmas
_____	\$ _____	Events	Toiletries	Socks	Christmas

EXPENSES (Checks, debit card, etc. Must attach receipt for each expense)

Check #	Written To	Date	Amount	Description	Circle the one that applies to the expense			
_____	_____	/ /	\$ _____	_____	Events	Toiletries	Socks	Christmas
_____	_____	/ /	\$ _____	_____	Events	Toiletries	Socks	Christmas
_____	_____	/ /	\$ _____	_____	Events	Toiletries	Socks	Christmas
_____	_____	/ /	\$ _____	_____	Events	Toiletries	Socks	Christmas
_____	_____	/ /	\$ _____	_____	Events	Toiletries	Socks	Christmas
_____	_____	/ /	\$ _____	_____	Events	Toiletries	Socks	Christmas
_____	_____	/ /	\$ _____	_____	Events	Toiletries	Socks	Christmas
_____	_____	/ /	\$ _____	_____	Events	Toiletries	Socks	Christmas
_____	_____	/ /	\$ _____	_____	Events	Toiletries	Socks	Christmas