VAVS Monthly Report Date: _____

Facility visited: _____ District: _____

Represenitive: _____

Address: _____

Phone: _____ e-mail: _____

# of members attended: _____ Miles driven: _____

Money spent: $_____

Details of visit (Be specific):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Send report to:

Karen Cypret 22222 Whiplash Ln. Washburn, MO. 65772

Jackie Davis 3849 Highway 47 West, Troy, MO. 63379

Keep a copy for your rercords.