

VAVS Monthly Report

Date: \_\_\_\_\_

Facility visited: \_\_\_\_\_ District: \_\_\_\_\_

Representitive: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

# of members attended: \_\_\_\_\_ Miles driven: \_\_\_\_\_

Money spent: \$\_\_\_\_\_

Details of visit (Be specific):

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Send report to:

Karen Cypret 2222 Whiplash Ln. Washburn, MO. 65772

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

Keep a copy for your rercords.

