MONTHLY PROGRAM REPORT

WHAT PROGRAM IS THIS REPORT FOR? _____   DATE: _____

PROGRAM TOTALS

MEMBERS_____   # PROJECTS _____   # HOURS _____   # YOUTH INVOLVED_____

MILES _____   MONEY SPENT $_____   # PEOPLE BENEFITED _____

SUBMITTED BY: _____   TITLE: _____

PHONE: _____   EMAIL: _____

PROGRAM CHAIR NAME: _____

Auxiliary # _____   District # _____   Auxiliary City: _____

Description of Projects: One program per report (ie Americanism, Veterans & Family Support, etc.).
Give specific detail of how many Auxiliary members participated, total hours, total dollars spent, miles driven, and what took place.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Use the back of this report if you need more room. Send in a report each month.

MAIL ONE COPY TO YOUR DEPARTMENT CHAIRMAN AND KEEP ONE COPY FOR YOUR AUXILIARY FILES