MONTHLY PROGRAM REPORT

PROGRAM NAME: _____ **DATE:** _____

PROGRAM CHAIR NAME: _____

Auxiliary: _____ **District:** ___ **Auxiliary City:** _____

PROGRAM TOTALS

#Members _____**#Projects** _____ **#Hours** _____ **#Miles**_____ **$ Spent** _____

Description of Projects: One program per report (i.e. 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.

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

3/22/22