

GRANDE CABANE DESAMPLE

Mid-Year OR Grande Report

REPORT: NURSES TRAINING _____ (dates: ie July 2013 – Jan. 2014 or Feb. 2014 – June 2014)

CABANE: _____

# of Times	Activities	# of Dames	hrs worked	Miles Traveled	\$ Donated	Material Value
Subtotal each column						

A: Total hours worked _____ @ **\$10.00 per hour** _____
B: Total Miles Traveled _____ @ **\$1.00 per mile** _____
C: Total Money Donated _____
D: Total Materials Value _____
Total of Lines A,B C, D = _____

ATTESTED:

OFFICIALLY:

La Correspondante Locale

La Presidente Locale

RULES GOVERNING THIS REPORT

Be sure that only one type of activity per line is listed (Ex: raffles, dinners etc) If you have 2 raffles or 2 dinners, list the number in the “#” of Times column.

This report includes all activities performed and designated as a Nurses Training activity.

No credit is allowed for the following: attending graduation of a nurse, Volunteer work in VA Hospitals, Nursing Homes, etc, Sending get well cards, or Visits to relatives in Hospitals.

NO AMERICAN LEGION AUXILLARY PROGRAMS OR PROJECTS CAN BE REPORTED

A copy of this report must be given to the Grande Correspondante for inclusion into the minutes