



## VFW DEPARTMENT OF OHIO ACTIVITY REPORT

### HOSPITAL ACTIVITIES

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

**Hospital Chairman Jeff Carroll**

**NOTE:** You can enter yes or no or enter the number of activities per event.

Submitter \_\_\_\_\_ Post #: \_\_\_\_\_ District #: \_\_\_\_\_

No. Visits: \_\_\_\_\_ No. Participants: \_\_\_\_\_ No. Hours: \_\_\_\_\_ No. Miles: \_\_\_\_\_

Equipment Value: \$ \_\_\_\_\_ Pints Blood: \_\_\_\_\_ Cards & Flowers: \_\_\_\_\_ Cash Spent \$ \_\_\_\_\_

Other:

#### PER DAY EQUIPMENT VALUES:

Wheel Chair	\$ 1.73		Total Pl. Blood \$69.00	
Walker	\$ .54		Total Hours X \$13.24	
Potty Chair	\$ .77		Total Miles X \$ .12	
Hospital Bed	\$ 5.34		Cards & Flowers	
Crutches	\$ .27		Total Donations & Services	
Cane	\$ .27		Total Report Value	