DEPARTMENT OF KANSAS
VETERANS OF FOREIGN WARS

POST SURGEON REPORT

DATE: _____ **THIS REPORT IS FOR THE MONTH OF:** _____
DISTRICT #_____ **POST #** _____ **TOWN:** _____

SECTION A: VISITS AND MATERIALS	# OF WORKERS	TOTAL HOURS	X $18.77	TOTAL MILES	X $0.14	COST OF MATERIAL	TOTAL CREDIT $$$$$$$
			$0.00		$0.00		$0.00
			$0.00	0.0	$0.00		$0.00
			$0.00		$0.00		$0.00
			$0.00		$0.00		$0.00
			$0.00		$0.00		$0.00
# BLOOD DONATIONS X $69.00			$0.00		$0.00		$0.00
CARDS, FLOWERS AND MEMORIALS			$0.00		$0.00		$0.00
TOTALS FOR SECTION A	0	0.00	$0.00	0.0	$0.00	$0.00	$0.00

SECTION B: HOSPITAL EQUIPMENT	# OF WORKERS	# OF UNITS LOANED	MONTHLY VALUE	TOTAL CREDIT $$$$$$
HOSPITAL BEDS			$80.00	$0.00
LIFT CHAIRS			$80.00	$0.00
ELECTRIC CART/LITTLE RASCAL			$75.00	$0.00
WHEELCHAIRS			$45.00	$0.00
COMMODES AND/OR TABLES			$25.00	$0.00
CRUTCHES AND/OR WALKERS			$20.00	$0.00
BED PAN AND/OR CROWFOOT CANES			$15.00	$0.00
SHOWER CHAIR			$15.00	$0.00
BLOOD PRESSURE CUFF			$5.00	$0.00
MISCELLANEOUS				$0.00
TOTALS FOR SECTION B	0			$0.00

TOTALS FOR SECTION A AND SECTION B	0					$0.00

FORM COMPLETED BY:

_____

TITLE

_____

AUTHORIZED BY:

_____

TITLE

_____

ADDITIONAL REMARKS CONCERNING THIS PROJECT MAY BE INDICATED ON A SEPARATE SHEET.
REFER TO HOSPITAL EVALUATION SHEET FOR UNIT VALUES. IF NOT LISTED, USE PURCHASE PRICE.

FORWARD THIS REPORT TO THE DISTRICT SURGEON NLT the 10th of Each Month

REVISED 6-2-07