

Department of North Carolina
 Volunteer VSO Officer
 Monthly Report

Date _____ Name _____

Detachment _____

Please list the numbers of claims you've taken since being certified as a Volunteer Service Officer

Type Claim	Veteran	Spouse	Child/other
Compensation			
Pension			
Education			
Burial/ Death benefits			
Hospital Referral			

Estimated Hours of VSO Volunteer Time _____

Estimated contacts you've made _____

Significant Accomplishments _____

Suggestions _____

For the purposes of this form, a "claim" is a signed request by the veteran requesting a specific benefit from the VA. Marine Corps league claims only.

Mail To: Marine Corps League VSO
 251 N. Main St. Federal Building
 Room 111
 Winston-Salem NC 27155
 Attn: Jim Echols NCDVA