DEPARTMENT OF KANSAS

VETERANS OF FOREIGN WARS

POST SURGEONS REPORT

DATE: _____ THIS REPORT FOR MONTH OF _____

DISTRICT # _____ POST # _____ TOWN _____

SECTION A : VISITS AND MATERIAL	# OF WORKERS	TOTAL HOURS	X $22.55	TOTAL MILES	X $ 0.14	COST OF MATERIAL	TOTAL CREDITS $$$$
			$ 0.00		$ 0.00		$ 0.00
			$ 0.00		$ 0.00		$ 0.00
			$ 0.00		$ 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		0			$ 0.00

SECTION B HOSPITAL EQUIPMENT	UNITS OWNED	UNITS LOANED OUT	BALANCE ON HAND	# OF WORKERS	MONTHLY VALUE	TOTAL CREDITS
HOSPITAL BED			0		$ 80.00	$ 0.00
LIFT CHAIR			0		$ 80.00	$ 0.00
ELECTRIC CART/ LITTLE RASCAL			0		$ 75.00	$ 0.00
ELECTRIC WHEEL CHAIR			0		$ 75.00	$ 0.00
WHEEL CHAIR WITH/WITHOUT FOOTREST			0		$ 45.00	$ 0.00
COMMODES/AND OR TABLES			0		$ 25.00	$ 0.00
CRUTHES AND/OR WALKERS			0		$ 20.00	$ 0.00
BED PAN AND/OR CROWSFOOT CANE			0		$ 15.00	$ 0.00
SHOWER CHAIR			0		$ 15.00	$ 0.00
BLOOD PRESSURE CUFF			0		$ 5.00	$ 0.00
MISCELLANEOUS			0			$ 0.00
MONTHLY PAPER WORK 1 HOUR				1	$ 22.55	$ 22.55
TOTALS FOR SECTION B				1		$ 22.55

TOTALS FOR SECTION AAND SECTION B						$ 22.55

FORM COMPLETED BY

_____

TITLE

_____

AUTHORIZED BY

_____

TITLE

_____

ADDITIONAL REMARK CONCERNING THIS PROJECT MAYBE INDICATED ON A SEPARATE SHEET

REFER TO HOSPITAL EVALUATION SHEET FOR UNIT VALUES, IF NOT LISTED, USE PURCHASE PRICE

FORWARD THIS REPORT TO DISTRICT SURGEON NLT THE 10TH OF EACH MONTH

REVISED 8/14/2016