

# ALPHA PROGRAM FINAL REPORT

Disabled Veteran \_\_\_\_ Elderly Veteran \_\_\_\_ Deployed Active Duty \_\_\_\_ Family Member \_\_\_\_

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

Contact person: \_\_\_\_\_

Veteran's Name: \_\_\_\_\_

Requesting Squadron: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## PROJECT MATERIAL REPORTING

List all receipts for this project and attach a copy of all receipts

	Date	Supplier/Store	Materials/Items	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24	<b>VA&amp;R Volunteer Hours Reporting</b>  Volunteer Hours Total _____		Add lines 1 thru 23	Subtotal
25			Total from additional sheet	
26			Add lines 24 and 25	Total
27			Proceeds from the Alpha Fund you received	
28			Subtract line 27 from line 26	<b>TOTAL</b>

If line 27 is more than line 26 return a check for the amount in line 28 along with a copy of all receipts.  
 If line 27 is less than line 26 your signature below authorizes a request for additional funds. You may be contacted for more information.

**Please attach a photo of the completed project**

Authorization for additional funds

\_\_\_\_\_  
 Authorized Squadron Signature                      Date

\_\_\_\_\_  
 Alpha Program Chairman                      Date