



HOSPITAL SERVICE COORDINATOR MONTHLY REPORT FORM 40 INSTRUCTIONS

- Item 1 Indicate the month and year of this report. ONE FORM SHOULD BE USED FOR EACH MONTH BEING REPORTED.
- Items 2 thru 4 Name of VA hospital your are assigned to, the state it is located in and its facility number (also know as station number). This can be obtained from your Chief of VAVS or Chief of Medical Administration Services.
- Items 5 thru 6 Your full name.

OFFICIAL VAVS TRANSPORTATION ACTIVITY

- Item 7 Volunteer's full name. All volunteers reported on this form who are crediting their hours to DAV or DAVA must have completed VAVS 20. This form must be on file at National Headquarters so a record can be maintained of the volunteer's transportation activity.
- Item 8 Indicate DAV, DAVA or other volunteer by checking the appropriate box.
- Item 9 Volunteers Birthdate
- Item 10 Report the volunteer's hours in the DAV Transportation Program for the month.
- Item 11 Report the volunteer's mileage logged in transportation assignments for the month.
- Item 12 Report the number of veterans transported by volunteer for the month.
- Item 13 Use the miscellaneous line to report veterans who were provided transportation by means other than a volunteer, for example, taxi fares, bus tokens, etc.
- Item 14 Total. (If supplemental form 41 is used, please record grand total on form 41).
- Items 15 and 16 Hospital Service Coordinator's signature and date.

VAVS 40

This form must be completed every month and forwarded to DAV National Headquarters even if reporting zero activity.