PUP TENT HOSPITAL CHAIRMAN'S MONTHLY REPORT

Military Order of the Cootie of the United States

"The Honor Degree of the Veterans of Foreign Wars"
"KEEP'EM SMILING IN BEDS OF WHITE"

NAME OF PUP TENT _____ PUP TENT NUMBER_____MONTH _____ 200
Location City _____ State _____

Day of Visit	Where Visit Was Made	Total Hours	Kind of Entertainment	Mileage		No. Of Cooties	No. of Patients Visited	General Expense Report			
				Round Trip Per Cootie	Total Miles			Mileage $ @ $.26	Hours $ @ 13.75	Gifts	Total
Visits				Totals							

Remarks_____

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Supreme Hospital Commissioner, Supreme District Hospital Commissioner, Local PT Chairman () Note: Local Pup Ten Chairman-make out your report monthly and mail 3 copies to the Grand Hospital Chairman. If you're PT is not within a Grand, mail your report directly to your Supreme District Hospital chairman.

Respectfully submitted by
Yours in L.O.T.C.S.,

NAME: _____

ADDRESS: _____

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PHONE NUMBER: _____