PUP TENT HOSPITAL CHAIRMAN'S REPORT

MILITARY ORDER OF THE COOTIE OF THE UNITED STATES

"The Honor Degree of the Veterans of Foreign Wars"

KEEP THEM SMILING IN BEDS OF WHITE

Name of Pup Tent _____ **Pup Tent Number** _____ **Month** _____

Location: City _____ **State** _____

Day of Visit	WHERE VISIT WAS MADE	KIND OF ENTERTAINMENT	KIND OF GIFTS IF ANY	MILEAGE		No. Of Cooties	No. of Patients Visited	General Expense Report			
				Round Trip Per Cootie	Total Miles			Mileage $	Enterainment	Gifts	Total
								TOTALS			

TOTAL VISITS _____

Remarks: _____

Respectfully Submitted by
Yours in L.O.T.C.S

Name _____
Address _____
Title _____

Copies to:
Supreme Hospital Commissioner;Supreme District Hospital Commissioner; Grand Hospital Chairman
Local PT Chairman (NOTE: Local Pup Tent Chairman - Make out your report monthly and mail 3 copies
To the Grand Hospital Chairman. If your PT is not within a Grand, Send the copies to your District Hospital Commissioner