

2023-24 Report of District Meeting

| District: _____ | | Location: _____ | | Date: _____ | |
|-----------------|----------|-----------------|-------|-------------|-------|
| Post# | Location | Attn: | Post# | Location | Attn: |
| | | P A | | | P A |
| | | P A | | | P A |
| | | P A | | | P A |
| | | P A | | | P A |
| | | P A | | | P A |
| | | P A | | | P A |
| | | P A | | | P A |
| | | P A | | | P A |
| | | P A | | | P A |
| | | P A | | | P A |

DISTRICT OFFICERS NOT PRESENT:

NOTES:

| | |
|---|--|
| <p>To Ensure Accurate Records, Make Sure You Note the Date and Location of the District Meeting at the Top of This Form.</p> | <p style="text-align: center;"><u>Next Meeting</u></p> <hr/> <p style="text-align: center;">Date:</p> <hr/> <p style="text-align: center;">Post:</p> |
|---|--|

Attn: P-Present A-Absent (Circle One)

DISTRICT OFFICERS NOT PRESENT: List any District officer not attending this meeting

NOTES: Anything the State Commander need to be made aware of or take action on
(Use Other Side if Necessary)

This form must be returned before Claim for Reimbursement will be Paid.

Signatures: _____

District Commander
Department Rep.

Email Immediately After Meeting

jorg@texasvfw.org