



VETERANS OF FOREIGN WARS OF THE UNITED STATES

Department of Texas District Commander

Post Visit & Inspection Report

| | | | |
|---|---|---|---|
| District No. | Post No.: | Location: | Date Inspected: |
| List Officers Absent: | | | Count of Members Attending: |
| TOTAL Balance of ALL Checking Accounts | | Are Meetings conducted according to ritual? | |
| \$ | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Total Invested of ALL Bonds, Cd's, Savings etc. | | Are Adjutant Records current? | |
| \$ | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Amount of Quartermaster Bond & Bonding Company? | | Does the Post Adjutant Have Proof-of-Eligibility ON FILE for ALL Post Officers elected and appointed? | |
| \$ | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are ALL Tax Payments current? | | Does the Post have an Auxiliary? | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are ALL License & Permits current? | | Have Buddy Poppies been ordered? | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are ALL Checks Signed by the Post Quartermaster and Commander ONLY? | | If not, Obtain Order | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Does Post QM have custody of ALL Post Funds, Including Canteen & Bingo? | | Are Poppy Receipts used for Relief Fund only? | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is QM Treasurer of ALL committees? | | Have Community, Youth Activity, Americanism, and Safety Reports been submitted? If not, Complete. | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Has IRS Form 990 been Filed in Past 12 Months? | | Is the Service Officer registered? | |
| <input type="checkbox"/> YES | DATE: <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Does Post have DRAM Shop Liability Insurance? | | Does Post have a Post Home? | |
| <input type="checkbox"/> YES | If NO, discuss with Post. <input type="checkbox"/> NO | <input type="checkbox"/> YES | Circle, OWN or RENT <input type="checkbox"/> NO |
| Does Post use VFW Uniform System of Records? | | Value of Post Home | |
| <input type="checkbox"/> YES | Circle, BOOKS or COMPUTER <input type="checkbox"/> NO | \$ | Amount Owed \$ |
| Do Trustees Audit ALL Quartermaster Accounts each quarter? | | Does the Post Operate Bingo? | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are Bingo and Other Funds audited by Trustees? | | Does the Post Operate a Canteen? | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Does the Quartermaster maintain a Dues Reserve Fund? | | Type License: (check one) <input type="checkbox"/> Private (members & guests) <input type="checkbox"/> Public | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Selling: (check one) <input type="checkbox"/> Liquor & Beer <input type="checkbox"/> Beer Only | |
| Are Quartermaster Records current? | | Form of Canteen Management: (check one box) | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Manager <input type="checkbox"/> Membership <input type="checkbox"/> Committee [] appointed [] elected | |
| Does the Bank Balance Reconcile with the Book Balance? | | Does Canteen Management Report to Membership | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are ALL Post Offices filled? List Vacancies. | | POST INFORMATION: Have computer? <input type="checkbox"/> Cmdr <input type="checkbox"/> Qm <input type="checkbox"/> Post | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Phone #: _____ | |
| | | Fax #: _____ | |
| | | Email: _____ | |
| Comments & Evaluation of Post: | | | |
| | | | |
| | | | |
| (additional comments on reverse if necessary) | | | |
| Signed: _____ Post Commander | | Signed _____ Post Quartermaster | |
| Signed: _____ | | District Commander | |

Revised June 1, 2006 - Use Previous Forms until Depleted.