

# Department of New Mexico Auxiliary District Representative Report

District # \_\_\_\_\_ Host Post # \_\_\_\_\_ Meeting Place \_\_\_\_\_

Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Lunch Provided: Yes/No

Meeting Called to Order (Time): \_\_\_\_\_ By (Officers Name): \_\_\_\_\_

**Roll Call:**

Auxiliary # \_\_\_\_\_

President: Yes/No

Members: \_\_\_\_\_

Auxiliary # \_\_\_\_\_

President: Yes/No

Members: \_\_\_\_\_

Auxiliary # \_\_\_\_\_

President: Yes/No

Members: \_\_\_\_\_

Auxiliary # \_\_\_\_\_

President: Yes/No

Members: \_\_\_\_\_

Auxiliary # \_\_\_\_\_

President: Yes/No

Members: \_\_\_\_\_

Minutes Read By: \_\_\_\_\_ or voted Not to Read: \_\_\_\_\_ Approved: Yes/No

Treasurer's Report By: \_\_\_\_\_ Bills to Trustee: Yes or None

Communications Read By: \_\_\_\_\_

Presidents Message: Yes/No

Thank You Notes: Yes/No

Stats Sheet: Yes/No

Dept. Promotional (Not Chairman): Yes/No

Requests: Yes/No

Other: \_\_\_\_\_

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**SCHOOL OF INSTRUCTION: Please list Programs, Chairman and your opinion of presentation**

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**Unfinished Business:**

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**New Business:**

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**Report of Trustees: Date of Audit** \_\_\_\_\_ **Bills Paid:** Yes/No

**Were guests asked to speak: Yes or No**

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**Meeting Adjourned By:** \_\_\_\_\_ **Time:** \_\_\_\_\_ AM/PM

**Comments:**

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**Round Trip Miles:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Print Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please provide one copy to the District President at the time of the visit if possible. Then send a copy to the Department President and the Department Secretary within five (5) days.