

Monthly Report Form

BEFRIENDER'S NAME: _____ MONTH: _____

CHILD/REN(S) NAME: _____ S.W. : _____

Have you seen the child this month? YES/NO How many times? _____

If NO, what was the reason for this? _____

Have you any concerns or problems you would like to discuss? YES/NO *(if yes, please detail)*

Approximately how many hours did you spend with the child this month?: _____

What did you and the child do together this month? *(please detail)*

	<u>DATE</u>	<u>ACTIVITY</u>
1 ST OUTING	_____	_____
2 ND OUTING	_____	_____

Have you had any contact with the social worker this month? YES/NO *(if yes, please detail)*

EXPENSE CLAIM FORM

(Please download, complete and forward to the office with your receipts. It is part of your commitment to return this form on a monthly basis. Please complete and write DONATION if not claiming)

NAME: _____ MONTH: _____

<u>DATE</u>	<u>OUTING / ENTERTAINMENT / FOOD</u> <i>(details and cost)</i>	<u>GIFT</u> <i>(details and cost)</i>
_____	_____	_____
_____	_____	_____

<u>TRAVEL</u>			
<u>DATE</u>	<u>DETAILS OF TRAVEL</u>	<u>CAR MILES / FARES</u>	<u>AMOUNT CLAIMED</u>
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL CLAIM: _____

As of 1st April 2009, all expenses to be paid by Direct Funds Transfer. Please provide us with:

Account Number: _____ **Sort Code:** _____

Branch where account is held: _____

APPROVED BY: _____

Date transfer made: _____