Just Friends Monthly Activity Report

Print your VOLUNTEER NAME here:

*Describe your service, such as transport to Doctor's office, home visit, grocery shopping, pick up Rx, etc.
**Type of Service: use initials such as (T) Transportation, (FV) Friendly Visiting, or (M) Miscellaneous
***For Transportation Services, a driver's total miles are those from home – to destination – back home
****Record the number of clients that were transported for each service.

Date of Service	Name of Client	***Description of Service**	** **Type of Service**	**Time Spent**	*** **Mileage**	**** **Number of Clients Transported**

Do you wish reimbursement for any mileage that qualifies? (check one)

_____ YES _____NO
.555 cents per mile
(updated July 2011)

If you have any comments or suggestions, please write them on this sheet. You certainly can leave a message with the JF coordinator at **437-7134** extension #11. Push * to by-pass the message. To Contact Mick personally: 621-3440 (h); 366-0758 (c)

Please return this activity sheet by the 5th of the month for services rendered in the previous month.
Hastings Family Service
301 East 2nd Street
Hastings, MN 55033
or fax at 651-437-1292
Note: more activity sheets of the HFS website **www.hastingsfamilyservice.org** > click on **Volunteers**, then **JF Drivers and FVisitors**