Hard North Palliative Care to American

NEAR NORTH PALLIATIVE CARE NETWORK

347 Sherbrooke Street, Suite 302, North Bay, Ontario, P1B 2C1
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WORK HOURS AND MILEAGE MONTHLY REPORT

NAME: Month/Year:

	DESCRIPTION OF ACTIVITY Palliative Care Support/Activity Bereavement Support /Activity Office Support/Activity Training (please specify) Meeting (please specify) Event (please specify) Phone call (please specify) Other (Direct and Indirect hours - please specify)*	CLIENT NUMBER / NAME	CONTACT METHOD (Client Services Only)		LENGTH	
DAY			Phone	In Person	OF VISIT / ACTIVITY (including travel time)	MILEAGE round trip in KMs
		'			HOURS:	MILEAGE:
FOR OFFICE USE ONLY				TOTALS:		
			Rate per KM			\$0.35
			Total Reimbur	sement		

 Please return this form by the 1st of each month to:
 LOGGING HOURS:
 .25 = 15 minutes

 302-347 Sherbrooke St., North Bay, ON P1B 2C1
 .50 = 30 minutes

 Tel: (705) 497-9239
 Fax: (705) 497-1039
 .75 = 45 minutes

 Email: office@nnpcn.com
 1.0 = 1 hour

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^{*} IMPORTANT: your work builds up our Organization. Every little task counts. Please register all your time given to the NNPCN. Direct Time (phoning client/session with client, working in the Office, filling NNPCN forms etc) and Indirect Time (preparing to phone to a list of clients, writing emails, arranging material for next session, training for a presentation, researching material, reading literature, learning through audiovisual material, etc).