



**NEAR NORTH PALLIATIVE CARE NETWORK**

347 Sherbrooke Street, Suite 302, North Bay, Ontario, P1B 2C1  
Phone: (705) 497-9239 1-800-287-9441 Fax: (705) 497-1039  
Mattawa: 705-744-3771 Sturgeon-Falls: 705-753-5771  
E-mail: [office@nnpccn.com](mailto:office@nnpccn.com) Website: [www.nnpccn.com](http://www.nnpccn.com)

**WORK HOURS AND MILEAGE MONTHLY REPORT**

NAME:

Month/Year:

DAY	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 OF VISIT / ACTIVITY (including travel time)	MILEAGE round trip in KMs
			Phone	In Person		
<b>FOR OFFICE USE ONLY</b>			<b>TOTALS:</b>		<b>HOURS:</b>	<b>MILEAGE:</b>
			Rate per KM		<b>\$0.35</b>	
			Total Reimbursement			

Please return this form by the 1<sup>st</sup> of each month to:  
302-347 Sherbrooke St., North Bay, ON P1B 2C1  
Tel: (705) 497-9239 Fax: (705) 497-1039  
Email: [office@nnpccn.com](mailto:office@nnpccn.com)

LOGGING HOURS: .25 = 15 minutes  
.50 = 30 minutes  
.75 = 45 minutes  
1.0 = 1 hour

\* **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).

**Confidentiality.** The information contained in this communication is private and confidential, intended only for the named recipient(s). If received in error, please notify the sender by telephone immediately and keep the information in a secure manner until further direction is given by the sender. Do not copy the information or disclose it to any other person.  
**00 NNPCN Work Hours and Mileage (electronic format) - 9/30/2015**