



Companion Animal Project – Record of Visits

Volunteer's Name: _____ Phone: _____

Address: _____

Resident's Name & Address: _____

Vehicle Registration No: _____ 6/4 cylinder: _____ (only if claiming reimbursement)

Date	Approx Time Spent	Details of Expense/Travel (eg travel to residents home & return)	Kilometres		Cost* (Internal Use only)
			To	From	
TOTAL			TOTAL		

Any concerns/comments about your visits this month?

Signature: _____ Approved By: _____

* Please note that \$7.00 maximum is allowable for each round trip for use of own vehicle – *under normal circumstances*. Reimbursement for trips in excess of those agreed to at the time of introduction to the resident will need to be negotiated with the Companion Animal Project Coordinator prior to undertaking the trip/s.

**Please return to: Companion Animal Project Coordinator
City of Charles Sturt
PO Box 1, WOODVILLE SA 5011
Phone: (08) 8408 1111**