



Mercy Services

Mercy Services: Neighbour Aid/Social Support Service Volunteer Timesheet

Name: _____

Month: _____

Signature: _____

DATE	CLIENT'S FULL NAME	SERVICE <i>(eg Shopping, Medical Appointment)</i>	Did client accompany you?	Time service started	Hours	kms to and from your home	kms travelled whilst volunteering	TOTAL kms CLAIMED
				TOTAL				

Please contact the office if you would like your petrol reimbursement direct credited to your bank account.

RECORD OF BILL PAYING/SHOPPING ETC.

THIS SECTION IS TO BE FILLED IN WHEN ANY MONEY IS WITHDRAWN FROM BANK ON BEHALF OF CLIENT				
DATE	Client's Name	Amount Withdrawn From Bank	CLIENT SIGNATURE	YOUR SIGNATURE
[date]	[full name of client]	[eg \$100]	{client's signature}	{your signature}

THIS SECTION IS TO BE FILLED IN WHEN ANY MONEY IS RECEIVED FROM THE CLIENT FOR SHOPPING, BILL PAYING, ETC.					
DATE	CLIENT SIGNATURE	AMOUNT GIVEN FOR SHOPPING	RECEIPT AND CHANGE GIVEN TO CLIENT	CLIENT SIGNATURE	SIGN
{Date}	<i>*J. Simpson</i>	\$100	\$19.50	<i>*J. Simpson</i>	{your signature}
	*Client to sign for the money they give you and sign again for correct change given with receipt				