



GOOD SAMARITAN REPRESENTATIVE

Time and Mileage Log

Name: _____ **Month/Year:** _____

Please document all time spent on activities related to The Good Samaritan Program (e.g. Hospice meetings; church presentations; personal or phone contacts with individuals regarding Hospice services or volunteering; preparation of prepared presentations and newsletter or bulletin announcements.) Send or give to Good Samaritan director at the end of each month.

Date	Brief Description of Activity	Total Time	Mileage
TOTAL:			