

WEEK 2 NAME:

NEIGHBOURS

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DATE	TIME (ie. 9 - 1)	M.B. Hrs	T.M. Hrs	I.F. / P.O.S. Hrs	ESS/ CLS Hrs	non 24 hr Hrs	24 hr Hrs	Office Travel Mtgs	Other Pd Hrs.	CODE	COMMENTS Include initials of the person receiving support	EXPENSE CLAIM Description & Location	M.B. KM	T.M. KM	I.F. / P.O.S. KM	ESS/ CLS KM	Non 24 hr KM	24 hr KM	Admin KM	OTHER EXPENSE									
SUN.																													
MON.																													
TUES.																													
WED.																													
THUR																													
FRI.																													
SAT.																													
Total Hours Week 2											Week 2	Week 2 Km & Other Total																	
Total Hours Week 1											Week1	Week 1 Km & Other Total																	
Grand Total Hours											ON [ ] T.M. [ ] M.B. [ ]	KM & Other Grand Total																	
ADMIN USE ONLY		8000	8500	7800	4000	3000	2000	Office			BER [ ] COM [ ]	GRAND TOTAL KM X .45¢																	
											HSW/ON [ ] V [ ]	ADMIN USE ONLY																	
											FAM [ ] S [ ]																		
											STP [ ] FLT [ ]		1170   1150	8000	8500	7800	4000	3000	2000	Admin									
											OCWeek [ ] W/end [ ]																		
Approved: _____										TOTAL HRS & EXPENSES										EXPENSES TOTAL:									