

**Committed Partners for Youth- Big Brothers Big Sisters of Lane County
MONTHLY MENTOR/YOUTH ACTIVITY REPORT**

Mentor name: _____

Program: _____

Case manager: _____

For the Month of _____ 20____

Date	From AM/PM	To AM/PM	Activity Type/Description of Activity	Place of Activity?	\$\$\$ Spent	How Did It Go?
			<input type="checkbox"/> Indoor Rec <input type="checkbox"/> Outdoor Rec <input type="checkbox"/> Food <input type="checkbox"/> CPY- BBBS <input type="checkbox"/> School <input type="checkbox"/> Cultural/Arts <input type="checkbox"/> Community Service <input type="checkbox"/> Phone to Youth <input type="checkbox"/> Phone from Youth <input type="checkbox"/> Other:			
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I wish to be reimbursed. (Please attach your receipts- very important!)

I do *not* wish to be reimbursed. (Receipts not necessary but please list your expenses as they will be considered an in-kind donation.)

Notes: