

EXAMPLE REPORT

AWAY FROM SHELTER ACTIVITY REPORT

Date: ____/____/____

Day: M TU W TH F SA SU

Time: ____ am pm

Supervising Staff:

Residents: 1. _____ 6. _____
 2. _____ 7. _____
 3. _____ 8. _____
 4. _____ 9. _____
 5. _____ 10. _____

Activity (Be specific as to what group will be doing and where they are going):

Amount \$ Taken: _____

Bee Sting Kit:

Amount \$ Spent: _____

First Aid Kit:

Amount \$ Returned: _____

Significant Behavior: Yes__ No

Amount \$ Charged:

Receipt Attached: Yes__ No__ N/A

Pass Returned: Yes__ No__ N/A

Vehicle Used: _____ Damage (if any):

Driver:

Van Keys Returned: Yes__ No__ N/A

OM Signatures:

Staff Supervising Activity Signatures:

(Departure) _____ 1.

(Return) _____ 2.