

Monthly Mentor Report and Reimbursement Form:

Month and Year that this form covers: _____

Mentor Name: _____

SAM Name: _____

I met with your Synod Authorized Minister on the following dates during the time as outlined in the SAM/Mentor Agreement: (List dates you met during the month specified)

We covered the following topics: (Without going into detail, naming individuals, or violating confidentiality please list the major topics or ministry tasks covered during your engagement.)

The total number of hours we met this month was: _____

Reimbursement amount = Total number of hours met this month x \$75

(For example, if you met four times for a total of five and a half hours – this equals 5.5 x \$75=\$412.50)

Please reimburse: \$ _____

Mentor

Date