

**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)*

Mileage: \_\_\_\_\_ (Miles X IRS rate)

**Please reimburse: \$** \_\_\_\_\_

\_\_\_\_\_  
Mentor

\_\_\_\_\_  
Date