**QNIS rQN visitor reporting and expenses form**  
(to be completed & returned within 4 weeks of contact)

|  |  |
| --- | --- |
| **Visitor name** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of person contacted** |  | | | |
| **Date of contact** |  | | | |
| **Contacted by** | Phone | | In person visit | |
| If visit in person: | Where was visit? |  | Was there anyone else present? |  |
| Please note any loneliness, change from previous contact etc |  | | | |
| Have you signposted to any other form of support? If so, what? |  | | | |
| Is a hardship grant required? If so, please complete application |  | | | |
|  | | | | |
| **Name of person contacted** |  | | | |
| **Date of contact** |  | | | |
| **Contacted by** | Phone | | In person visit | |
| If visit in person: | Where was visit? |  | Was there anyone else present? |  |
| Please note any loneliness, change from previous contact etc |  | | | |
| Have you signposted to any other form of support? If so, what? |  | | | |
| Is a hardship grant required? If so, please complete application |  | | | |

**Your out of pocket expenses\*:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Phone call | Date | Start time | Finish time | Total time |
| 1. Phone call | Date | Start time | Finish time | Total time |
| 1. Mileage: please include post-codes for start & end destinations | Date | From | To | Total mileage |
|  |  |  |
| 1. Mileage: please include post-codes for start & end destinations | Date | From | To | Total mileage |
|  |  |  |
| Other expense (including public transport costs) | Date | For what? | From where? | Amount |
|  |  |  |
|  | Date |  |  |  |
|  | Date |  |  |  |

\*Please enclose receipts where possible.

Completed forms should either be

|  |  |
| --- | --- |
| Emailed to [stayingintouch@qnis.org.uk](mailto:stayingintouch@qnis.org.uk) | Or posted to  31 Castle Terrace  Edinburgh  EH1 2EL |

Please inform Staying in Touch co-ordinators if your bank details have been altered since your last claim.

|  |  |  |  |
| --- | --- | --- | --- |
| Sent to BSM for reimbursement |  | Date |  |