



SOUTH CAROLINA VICTIM ASSISTANCE CORPS

MONTHLY REPORT FOR _____ 200__

Agency: _____

Corps Member: _____

Certification of Work:

1. During this month, above-named Corps member has worked:

_____ hours, of which _____ hours were spent for training in the following areas:

2. During this month, above named Corps member's performance was:

Satisfactory Outstanding (Attach details) Less-than satisfactory (Attach details)

3. Monthly Data Call has been checked & approved by me and is attached.

4. I've met at least weekly with assigned Member/s and discussed the following topics:

SAMPLE

 (Signature of Supervisor)

 (Date)

Request for Reimbursement:

Request reimbursement for the following expenses incurred for and by the above-named Corps member:

1. Payroll:	Living Allowance	\$ _____	
	FICA	\$ _____	
	Workers Compensation	\$ _____	
	Health Insurance	\$ _____	
	Sub-Total		\$ _____
2. Travel (Voucher/s attached):			
	Sub-Total		\$ _____
3. Other (Documentation attached)			\$ _____
	TOTAL		\$ _____

SCVAC USE

Check: _____

Date: _____

 Signature of Authorized Official)

 (Date)