CVCIA Landcare Phone Call Reimbursement Sheet

Area Coordinator Phone Calls

MEMBER NAME: _____

For which project:

- ☐ *Cane Toads*
- ☐ *Common Mynas*
- ☐ *Other* _____

DATE	TIME	PHONE NO. CALLED	TO WHO	REGARDING	LOCAL OR STD	COST OF CALL*

TOTAL CALLS CLAIMED = $

Signed: _____ Coordinator: _____

** Cost at 25c/local call & $1.00 / STD or call to/from mobile.*

Please attach this sheet to your CVCIA Reimbursement Form to claim.

Present to next meeting or send to:

Ant Van Haren
65 Riverdale Court
GRAFTON 2460