PHONE LOG

Sheet _____ of _____

Providers Food Program

Provider Resources Inc.

Name:_____ **For Month of:** _____
(Print)

Instructions: Enter the date, phone number, person called, the activity code, any remarks or notes and time spent during the call.

Code: OR – Outreach; **HV** – Home Visit; **PS** – Provider Service; **OC** – Office Contact; **S** – Supervision: **MS** – Miscellaneous

DATE	PHONE #	PERSON	CODE	REMARKS	MINUTES

TOTAL

For Shared Phone Use Only: Add the total time spent on calls for each page, then add each page for a grand total. Enter the total time under 120 minutes in the first box and any quantity above 120 minutes in the second box, perform the math and enter the grand total of charges to the Expense Report Cover Sheet

	Minutes (Under 120) x $0.17 =	
	Minutes (Over 120) x $0.05=	

Form No. 9612
-Jul-96

Sign:_____ Date:_____