TEMPLATE

Volunteer Name ________________________________

SETTLING-IN ALLOWANCE VOLUNTEER SURVEY

A. List items purchased with your settling-in allowance and actual cost to you.

   ITEM (please list e.g., pillows, towels, etc)*        COST
   1. Bedding/linen
   2. Kitchen supplies
   3. Radio/tape recorder
   4. Cleaning supplies
   5. Appliances
   6. Furniture
   7. Home furnishings
   8. Screens/security items
   9. Tools
   10. Other/misc*

               TOTAL

B. Time period when items were purchased ____________

C. List items considered necessary but which were not purchased because of insufficient funds (or purchased with own funds).

   ITEM                                  ESTIMATED COST
   1.
   2.
   3.
   4.

Comments: _________________________________________

*Costs shown under “Other/misc.” should not exceed 20% of the total.