

# Respite Travel Expense Reimbursement

Employee Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Month of: \_\_\_\_\_



Date	Beg. Place/End Destination	Miles	Rate	Total:
			x .48	
			x .48	
			x .48	
			x .48	
			x .48	
			x .48	
			x .48	
			x .48	
			x .48	
			x .48	
			x .48	
			x .48	
<b>Grand Total:</b>			x .48	

\* One sheet per pay period

\_\_\_\_\_  
Employee Date

\_\_\_\_\_  
Respite Supervisor Date

I will pick-up my reimbursement check

Please call first (226-5129).