

Respite Travel Expense Reimbursement

Employee Name: Mary Flowers
 Month of: October

Child's Name:

Jane & Jack Rose



Date	Beg. Place/End Destination	Miles	Rate	Total:
10-11-10	1060 Whistling → 960 Shasta view	20 r.t.	x .485	\$9.70
10-12-10			x .485	
			x .485	
			x .485	
			x .485	
			x .485	
			x .485	
			x .485	
			x .485	
			x .485	
			x .485	
			x .485	
			x .485	
			x .485	
Grand Total:		<u>20</u>	x .485	<u>\$9.70</u>

* One sheet per pay period

Mary Flowers 10-12-10
 Employee Date
SMm 10-13-10
 Respite Supervisor Date

round trip

I will pick-up my reimbursement check
 Please call first (226-5129).