All About Home Care, LLC
Expense, Mileage & Time Sheet

MUST BE IN OFFICE BY 12PM ON MONDAY

Week Starting (Sat):

Employee Name:

Date	Client Initials or Non-Billable (N/B)	Expenses Attach original receipt for reimbursement	Mileage	Travel Time (Between Clients) Start Time	Travel Time (Between Clients) End Time	Intro Time	Description
Examples: 3/14	*N/B*		*5*	*9:30am*	*9:45am*		*J.D to G.W.*
3/15	*J.W.*	*$43.23*	*16*				*CVS, Stop & Shop, Ocean Dr*
3/18	*T. S.*					*15 min*	*Phone Intro from K. Murphy*
TOTALS							

TERMS AND CONDITIONS:

The signature below indicates that the mileage, expenses, and times noted above are accurate and true for the week indicated. Employees understand that failure to complete this Expense, Mileage & Time sheet and forward to our office by **12:00PM each Monday** may result in no reimbursement. Sheets can be mailed or delivered to: All About Home Care at 438 E. Main Rd, Suite 201, Middletown, RI 02842 **or** e-mailed to mcamara@allabouthomecareinri.com **or** faxed to: **401-619-0780**

Employee Signature: Date: