



DAILY TIME & MILEAGE LOG

Mission Hospice Services of San Diego, Inc.

Employee Name:	Discipline:	Date:	Commute Miles:	Page _____ of _____
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Visit #	Travel Time In / Out		Total Travel Time	Worked Time In / Out		Total Worked Time	Depart From <i>Name of Patient, Facility, Physician or Business Address Must be Street & City</i>		Destination <i>Name of Patient, Facility, Physician or Business Address Must be Street & City</i>		Purpose of Trip	Miles
	Travel Time In	Travel Time Out		Time In	Time Out		Name	MR#	Name	MR#		
Total Visits			Total Travel Hours			Total Worked Hours						Total Miles

Time Conversion												
MIN	5	10	15	20	25	30	35	40	45	50	55	60
HUND	0.08	0.17	0.25	0.33	0.42	0.5	0.58	0.67	0.75	0.83	0.92	1.0

KEY: Purpose of the Trip	
CHA = Hospice Aide Visit	HC = Hospice Chaplain
I = Inservice Time	LN = LVN Visit
O = Orientation	OH = Office Time (IDG)
RN = RN Visit	SW = Social Work Visit
V = Volunteer Visit	B = Bereavement Visit
S = Supervisory Visit	16 = Other (mgt apprv)

FOR PAYROLL PURPOSES ONLY		
Descriptions	Totals	Mgt Approved
Total Time Worked		
Total Reimbursable Time		
Total Overtime		
Total Vacation Hours		
Total Sick Hours		
Total Holiday Hours		
Total Miles		

Employee Signature & Designation _____ **Date** _____ **Approval Signature** _____ **Date** _____

• **Commute** is defined as the number of miles from an employee's home to the site location. This mileage is NEVER reimbursed unless it is an on-call visit for any discipline. (REV: 2/29/12)
 If the mileage to *first* business stop or *last* business stop is less than number of commute miles, enter zero. Any excess difference between commute and first stop of the day or commute and last stop of the day is reimbursable.