

Late forms will NOT be paid

Trinity In-Home Care Gas - Reimbursement Form

Due the 1st and 16th of every month

Print Employee's Full Name:

Printed Client's Full Name:

Date	Starting Odometer	Ending Odometer	# of miles	Codes	Where did you go?	Client Initials
/ / 2014						
/ / 2014						
/ / 2014						
/ / 2014						
/ / 2014						
/ / 2014						
/ / 2014						
		Total mileage				

I hereby confirm that the information represented here is correct:

Employee's Signature:

Client/Responsible Party's Signature:

Codes:

A - Administrative

B - Trip to Baldwin

M - Medical apt.

D - Trip to Rural Resident

E - Trip to Eudora

IB - In town Baldwin Errand

G - Grocery trip

IE - In town Eudora Errand

IL - In town Lawrence Errand

O - Out of Town Errand

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