CARE GIVER MILEAGE REIMBURSEMENT LOG

Care Giver Name: _____   Week Beginning: **SAT.** ____/____/____

Week Ending: **FRI.** ____/_____/____

Client Name: _____

This form is to track mileage when driving your **"PERSONAL"** vehicle to transport our Client(s) to and from activities, doctor appointments, out to eat, movies, hair appointments, etc.

Date	*BEGINNING* Mileage Odometer reading LEAVING **FROM** CLIENTS HOME	*DESTINATION* **WHERE** are you going? (Errands, Doctors appointment, Pharmacy, Hair appointment, etc.)	*ENDING* Mileage Odometer reading ENDING **BACK** AT CLIENTS HOME	*TOTAL* ROUND TRIP MILEAGE FOR ERRANDS	Client Initials
SAT. / /					
SUN. / /					
MON. / /					
TUES. / /					
WED. / /					
THURS. / /					
FRI. / /					

NOTES:

TOTAL MILEAGE

Care Giver Signature: _____ Date: ____/_____/_____

Client Signature: _____ Date: ____/_____/_____