Abilities Unlimited of Jonesboro, Inc TimeSheet and Travel Expense Report

Saturday-Friday+Payweek ~ One Sheet for EACH Consumer ~ Processing Deadline is 9:00 a.m. on Monday

Employee Name _____ Consumer _____ Week Ending _____

Date M/D/Y	Times START-END	Initial Parent	CIC	SL	AF	R	TR	SUB	Total Hours	Destination-Goal Related	Mileage Start	Mileage Stop	Total Miles

Total Hours____

Total Miles This Page_____

Total Miles Claimed _____

Multiply By .29 x .29

Total Amount Claimed $ _____

Employee Signature _____

Parent /Guardian Signature _____

Approved By _____ Processed By _____Verified Against Case Notes _____

Rate of Pay	Hours	Notes	Attention:
Rate 1		***MUST BE SIGNED & INITIALED BY PARENT/GUARDIAN***	Dates and Times MUST MATCH notes!
Overtime @ Rate 1		***PAY WILL NOT BE PROCESSED WITHOUT THIS***	If errors are found, sheets will be
Rate 2			returned to you for correction. This will
Overtime @ Rate 2			DELAY YOUR PAY a week!
Training			*ALL TRIPS MUST BE GOAL
Sub Pay (Day-Night-Weekend)			ORIENTED UNLESS APPROVED
Holiday			*MAXIMUM MONTHLY MILEAGE =
Total Mileage Amount	$		$120 OR 413 MILES PER CASE TOTAL