



**ATTENDANT'S MEAL EXPENSES**

**ITEMIZED/LEGIBLE RECEIPTS REQUIRED FOR EACH MEAL!**

Please complete the table below using the rows to record daily expenses.

DATE	BREAKFAST	LUNCH	DINNER	TOTAL

\*\*\*\*\*

**FOR STAFF USE ONLY**

EXPENSE	RATE	TOTAL
Attendant Care Hours	X \$15.00/hr.	
Attendant's Meals		
Attendant's Round-Trip Miles (if applicable)	X \$.655	
Attendant's Other Transportation Expenses (if applicable)		
<b>GRAND TOTAL ATTENDANT</b>		

\*\*\*\*\*

**Attendant Signature (required)**

**DATE**

**PaRC Member Signature (required)**

**DATE**

**PaRC Support Staff Signature (required)**

**DATE**

