READER TIMESHEET

PaRC MEMBER'S NAME:	
READER'S NAME:	
READER'S ADDRESS:	
_	
	TRANSPORTATION SERVICES
Did Reader use personal ve	hicle?
If yes, please record numbe	r of miles one way:
Please record other transpo Must submit legible receipts.	rtation costs (parking, tolls, etc.):
	READING SERVICES
Are the Reading services be	eing paid for through another waiver/program?
If yes, skip to Reader's Mea	Expenses.

If no, please complete the table below using the rows to record daily services (date, starting / ending times, location, and the total number of hours).

DATE OF SERVICE	TIME READING SERVICES STARTED	TIME READING SERVICES ENDED	LOCATION OF READING SERVICES	TOTAL HOURS

READER'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
*******	**************FOI	************ R STAFF USE ON		******

EXI Readi	FOR PENSE	R STAFF USE O		
EXI Readi Read	PENSE ng Hours er's Meals	R STAFF USE O	X \$15.00/hr.	
Readi Reader's Round To Reader's Other Tra	PENSE ng Hours er's Meals rip Miles (if applicable) ansportation Expenses	R STAFF USE O	NLY	
Readi Reader's Round To Reader's Other Tra	PENSE ng Hours er's Meals rip Miles (if applicable)	R STAFF USE ON	X \$15.00/hr.	
Readi Reader's Round Ti Reader's Other Tra (if ap	PENSE Ing Hours Ing Hours Ing Miles (if applicable) Insportation Expenses Inplicable) Insportation Expenses Insportation Expenses Insportation Expenses Insportation Expenses Insportation Expenses	R STAFF USE OF	X \$15.00/hr. X \$.655 TAL READER *******	TOTAL
Readi Readd Reader's Round Tra Reader's Other Tra (if ap	PENSE Ing Hours Ing Hours Ing Miles (if applicable) Insportation Expenses Inplicable) Insportation Expenses Insportation Expenses Insportation Expenses Insportation Expenses Insportation Expenses	R STAFF USE OF	X \$15.00/hr. X \$.655	TOTAL

Date

PaRC Support Staff Signature (required)