

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 \$.67	
Attendant's Other Transportation Expenses (if applicable)		
GRAND TOTAL ATTENDANT		

Attendant Signature (required) **DATE**

PaRC Member Signature (required) **DATE**

PaRC Support Staff Signature (required) **DATE**