## **DRIVER TIMESHEET**

Parc Member's NAME:	
DRIVER'S NAME:	
DRIVER'S ADDRESS:	
_	
	TRANSPORTATION SERVICES
Did Driver use personal vehi	cle?
If yes, please record number	r of miles one way:
Please record other transpormust submit legible receipts.	rtation costs (parking, tolls, etc.):
	DRIVING SERVICES
Are the Driving services beir	ng paid for through another waiver/program?
If yes, skip to Driver's Meal E	Expenses.

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

DATE OF SERVICE	TIME DRIVING SERVICES STARTED	TIME DRIVING SERVICES ENDED	STARTING LOCATION AND ENDING LOCATION	TOTAL HOURS

## **DRIVER'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
	**************************************	**************************************		**************************************
EXP  Drivin  Driver  Driver's Round Tri	PENSE  Ig Hours  r's Meals  p Miles (if applicable)	R STAFF USE OI		
Drivin  Driver  Driver's Round Trip  Driver's Other Tran	PENSE ag Hours r's Meals	R STAFF USE OI	X \$15.00/hr.	
EXP  Drivin  Driver  Driver's Round Trip  Driver's Other Tran  (if app	PENSE  ng Hours  r's Meals  p Miles (if applicable)  nsportation Expenses	R STAFF USE OF	X \$15.00/hr.  X \$.67	TOTAL
EXP  Drivin  Driver  Driver's Round Trip  Driver's Other Tran  (if app	PENSE  ag Hours  r's Meals  p Miles (if applicable)  asportation Expenses plicable)  ***********************************	R STAFF USE OF	X \$15.00/hr.  X \$.67	TOTAL