## **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	I Expenses.
If no, please complete the ta	able 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	**************************************		*****
				**************************************
<b>EXP</b> Readir	FOI ENSE ng Hours	R STAFF USE OI		
<b>EXP</b> Readir Reade	FOIENSE  ng Hours r's Meals	R STAFF USE OI	X \$15.00/hr.	
EXP Readir Reade Reader's Round Tri Reader's Other Trai	ENSE ng Hours r's Meals p Miles (if applicable) nsportation Expenses	R STAFF USE OI	NLY	
EXP Readir Reade Reader's Round Tri Reader's Other Trai	ENSE ng Hours r's Meals p Miles (if applicable)	R STAFF USE OI	X \$15.00/hr.	
EXP  Readir  Reade  Reader's Round Tri  Reader's Other Trai  (if app	ENSE  Ing Hours It's Meals It Miles (if applicable) Insportation Expenses Dilicable)  ***********************************	R STAFF USE OF	X \$15.00/hr.  X \$.67  TAL READER	TOTAL
EXP Readir Reade Reader's Round Tri Reader's Other Trai (if app	ENSE  Ing Hours It's Meals It Miles (if applicable) Insportation Expenses Dilicable)  ***********************************	R STAFF USE OF	X \$15.00/hr.  X \$.67	TOTAL

**Date** 

PaRC Support Staff Signature (required)