

EXPENSE SHEET



NAME OF RESPITE WORKER: _____

DATE STARTING: _____ DATE ENDING: _____

DATE OF EXPENSE	PARTICIPANT NAME OR DESCRIPTION OF EXPENSE	TAXI (MIDNIGHT - 6 A.M.)	MEAL BETWEEN RESPITES	RURAL @0.45/KM	KM B/W SHIFTS @0.45/KM	APPROVED EXPENSES	RESPITE SUPPLIES	OTHER
TOTALS:								

* Remember to attach all applicable receipts.

TOTAL: _____

EMPLOYEE SIGNATURE: _____