MAS HOME CARE OF MAINE

Mileage Sheet **PAID-CHECK DATE:_____**

Employee:_____

Department:_____

Week Of:_____

***Per Mile Rate is .35**

Date	Location, Activity & Client's Initials	Start Mileage	End Mileage	Miles
			TOTAL	

* You will be authorized 26 miles a week for community outings.
If you have more than 1 client you need to share the 26 miles between them*