Personal Assistance Options
Expense and Mileage Reports

Mon/Yr _____

Employee Name: _____ Consumer Name: _____

Date	# of Miles	with cons	w/o cons	btwn cons	Location/Purpose	Break $	Lunch $	Dinner $	Misc Expense $
Totals:									

Coordinator Name: _____ Expense Report Total _____

Approved By: _____ Employee Signature: _____

*Meal limits are $3.00 for breakfast and lunch, and $5.00 for dinner.
*Only meals and activities with RECEIPTS ATTACHED will be reimbursed.