MRCI-CDS						
Travel Time Between Clients						
Reimbursement Form						
Please PRINT in black or blue ink						

NR

Employee # _____ For office use only

Employee's Name:			County:		
Phone: _		2-Week	2-Week Pay Period: <u>Sun:</u> <u>Sat:</u> (mm/dd/yyyy) (mm/dd/yyyy)		
Date	Client From	Client To	Hours Traveled	Specific (ie. 12:3	C Travel Time 0pm – 1:15pm)
Total Hours Traveled					
(Minimum Wage) Reimbursement Rate					
TOTAL					

Signature of Employee

Instructions:

- 1.
- uctions: Use Quarter hour increments, rounding up. Complete a separate sheet per pay period. Email to: <u>payroll@MyMRCl.org</u> Fax to: 1-888-800-7336 If not faxing, mail to: MRCI-CDS 1061 Premior Drive Suite 318 2.
- 3.
- 4. 5.

1961 Premier Drive, Suite 318 Mankato, MN 56001

FOR OFFICE USE ONLY:

P.P.E._

_Spreadsheet