

Focus, Inc.

Staff Reimbursement Form

Turn in each pay period with timesheets

Consumer: _____



STAFF NAME:

MILEAGE TOTAL:

Date	Travel From	Travel To	Purpose / Goals Worked On	Odometer Start	Odometer End	Total # Miles	\$ Mileage (\$.47/Mile)
TOTALS							

Staff Signature:

Payroll Administrator: