

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 (\$ .42/Mile)
<b>TOTALS</b>							

<b>Staff Signature:</b>	<b>Payroll Administrator:</b>
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