

SeniorCare Companions  
Gas Reimbursement Sheet

Employee Name: \_\_\_\_\_

Week of: \_\_\_\_\_

<b>Date:</b>	<b>Client:</b>	<b>Miles:</b>	<b>Destination/Purpose:</b>

Total Miles: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Client Signature: \_\_\_\_\_

\*Please E mail this form weekly to [info@seniorcarecompanions.com](mailto:info@seniorcarecompanions.com) , or FAX to 631-446-1584 ATTN: Human Resources. Reimbursement will be applied to your next scheduled payroll after we receive it.