Care One - Staffing Solutions Travel Expense Report

Total Reimbursement

\$0.00

Name Department_____

Week Of

Authorized By

Mileage						
Date	MDOC Facility	Reason for Travel	Start Location	End Location	Miles (Personal Car Only)	Mileage Reimbursement
						\$0.00
						\$0.00
and a						\$0.00
- Alta						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00

Parking			
Date	MDOC Facility	Reason for Travel	Reimbursement Amount
			\$0.00



Please attach all parking and itemized meal receipts to this form.

Meals					
Date	MDOC Facility	Reason for Travel	Start Time	End Time	Reimbursement Amount
~					
			1		\$0.00
Hotel					
Date	MDOC Facility	Hotel Name/City	Reason for	Hotel	Reimbursement Amount
					\$0.00

Meal Reimbursement Guidelines:

Breakfast - Travel must commence PRIOR to 6:00 a.m. and extend beyond 8:30 a.m. \$8.50 Max Lunch - Travel must commence PRIOR to 11:30 a.m. and extend beyond 2:00 p.m. \$8.50 Max Dinner - Travel must commence PRIOR to 6:30 p.m. and extend beyond 8:00 p.m. \$19.00 Max