



Health Care Expense Report

EMPLOYEE: _____

CLIENT: _____

DATE	Beginning Odometer	Ending Odometer	Total Miles	Misc. Expense	EXPENSE EXPLANATION
TOTAL				X 0.445 + =	

WellsBrooke APPROVAL _____

CLIENT SIGNATURE _____

DATE _____

EMPLOYEE SIGNATURE _____

- Document the initial odometer miles before outing and then document ending odometer miles after outing
- The client must sign the expense form. Expense forms must be turned in weekly
- Reimbursement for expenses will be included in your paycheck for the corresponding week
- In the expense explanation box, please be very specific on where the client was taken
- Mileage is calculated at \$0.445 per mile. All expenses will be authorized and calculated by WellsBrooke

Revised 03/19