

Advanced Home Care Services LLC
Employee Weekly Travel Time and Mileage Worksheet

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|----------------------|-----|------|-----|-------|-----|-----|-----|
| Date: | | | | | | | |
| 1st Client | | | | | | | |
| Travel Time Start: | | | | | | | |
| Travel Time End: | | | | | | | |
| Miles Traveled | | | | | | | |
| 2nd Client | | | | | | | |
| Travel Time Start: | | | | | | | |
| Travel Time End: | | | | | | | |
| Miles Traveled | | | | | | | |
| 3rd Client | | | | | | | |
| Travel Time Start: | | | | | | | |
| Travel Time End: | | | | | | | |
| Miles Traveled | | | | | | | |
| 4th Client | | | | | | | |
| Travel Time Start: | | | | | | | |
| Travel Time End: | | | | | | | |
| Miles Traveled | | | | | | | |
| 5th Client | | | | | | | |
| Travel Time Start: | | | | | | | |
| Travel Time End: | | | | | | | |
| Miles Traveled | | | | | | | |
| 6th Client | | | | | | | |
| Travel Time Start: | | | | | | | |
| Travel Time End: | | | | | | | |
| Miles Traveled | | | | | | | |
| 7th Client | | | | | | | |
| Travel Time Start: | | | | | | | |
| Travel Time End: | | | | | | | |
| Miles Traveled | | | | | | | |
| 8th Client | | | | | | | |
| Travel Time Start: | | | | | | | |
| Travel Time End: | | | | | | | |
| Miles Traveled | | | | | | | |
| 9th Client | | | | | | | |
| Travel Time Start: | | | | | | | |
| Travel Time End: | | | | | | | |
| Miles Traveled | | | | | | | |
| Last Client | | | | | | | |
| Travel Time Start: | | | | | | | |
| Travel Time End: | | | | | | | |
| Miles Traveled | | | | | | | |
| Total Travel Time: | | | | | | | |
| Total Daily Mileage: | | | | | | | |

I certify that: (1) I have accurately reported my travel time and mileage between patient visits, and (2) I have accurately completed and submitted to my supervisor all patient visit time records for this work week.

Employee Signature:

Date: