

READER SERVICES TIMESHEET

Service Provided For: _____

Name of Reader: _____

Reader's Address: _____

Date of Service: _____

Time Reader Services Started: _____

Time Reader Services Ended: _____

Total Reader Services Hours: _____

Meal Expenses - ITEMIZED RECEIPTS REQUIRED

Breakfast: _____

Lunch: _____

Dinner: _____

Total Meal Expense: _____

Date of Service: _____

Time Reader Services Started: _____

Time Reader Services Ended: _____

Total Reader Services Hours: _____

Meal Expenses - ITEMIZED RECEIPTS REQUIRED

Breakfast: _____

Lunch: _____

Dinner: _____

Total Meal Expense: _____

Date of Service: _____

Time Reader Services Started: _____

Time Reader Services Ended: _____

Total Reader Services Hours: _____

Meal Expenses - ITEMIZED RECEIPTS REQUIRED

Breakfast: _____

Lunch: _____

Dinner: _____

Total Meal Expense: _____

FOR STAFF USE ONLY:

Total Miles: _____ x \$.58 = _____

Total Reader Hours: _____ x \$10.35 = _____

Total Meals: _____

Total Transportation Expenses (Tolls, Train, Taxi, Etc.): _____

Any Deductions: _____

Grand Total Due Reader: _____

Reader's Signature (Required) / DATE

Member's Signature (Required) / DATE

PaRC Support Staff Signature (Required) / DATE