

MRCI-CDS
Travel Time Between Clients
Reimbursement Form
Please PRINT in black or blue ink

NR
Employee # _____
For office use only

Employee's Name: _____ County: _____

Phone: _____ 2-Week Pay Period: Sun: _____ Sat: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Date	Client From	Client To	Hours Traveled	Specific Travel Time <small>(ie. 12:30pm – 1:15pm)</small>
Total Hours Traveled				
(Minimum Wage) Reimbursement Rate				
TOTAL				

 Signature of Employee

- Instructions:
- Use Quarter hour increments, rounding up.
 - Complete a separate sheet per pay period.
 - Fax toll-free using 1-888-800-7336.
 - Email to: payroll@mrciworksource.org
 - If not faxing, mail to:
 MRCI-CDS
 1961 Premier Drive, Suite 318
 Mankato, MN 56001

FOR OFFICE USE ONLY:
P.P.E. _____
___ Spreadsheet