

Ellett Memorial Hospital Mileage / Supply Reimbursement



Employee Initials _____

Supervisor Initials _____

Employee _____

Month / Year _____

Date	Trip to				Miles	Amount \$	Reason/Test
	<input type="checkbox"/> GVMH	<input type="checkbox"/> CMH	<input type="checkbox"/> BCMH	<input type="checkbox"/> Other			
	<input type="checkbox"/> GVMH	<input type="checkbox"/> CMH	<input type="checkbox"/> BCMH	<input type="checkbox"/> Other			
	<input type="checkbox"/> GVMH	<input type="checkbox"/> CMH	<input type="checkbox"/> BCMH	<input type="checkbox"/> Other			
	<input type="checkbox"/> GVMH	<input type="checkbox"/> CMH	<input type="checkbox"/> BCMH	<input type="checkbox"/> Other			
	<input type="checkbox"/> GVMH	<input type="checkbox"/> CMH	<input type="checkbox"/> BCMH	<input type="checkbox"/> Other			
	<input type="checkbox"/> GVMH	<input type="checkbox"/> CMH	<input type="checkbox"/> BCMH	<input type="checkbox"/> Other			
	<input type="checkbox"/> GVMH	<input type="checkbox"/> CMH	<input type="checkbox"/> BCMH	<input type="checkbox"/> Other			
	<input type="checkbox"/> GVMH	<input type="checkbox"/> CMH	<input type="checkbox"/> BCMH	<input type="checkbox"/> Other			
	<input type="checkbox"/> GVMH	<input type="checkbox"/> CMH	<input type="checkbox"/> BCMH	<input type="checkbox"/> Other			
	<input type="checkbox"/> GVMH	<input type="checkbox"/> CMH	<input type="checkbox"/> BCMH	<input type="checkbox"/> Other			
	<input type="checkbox"/> GVMH	<input type="checkbox"/> CMH	<input type="checkbox"/> BCMH	<input type="checkbox"/> Other			
	<input type="checkbox"/> GVMH	<input type="checkbox"/> CMH	<input type="checkbox"/> BCMH	<input type="checkbox"/> Other			
	<input type="checkbox"/> GVMH	<input type="checkbox"/> CMH	<input type="checkbox"/> BCMH	<input type="checkbox"/> Other			
	<input type="checkbox"/> GVMH	<input type="checkbox"/> CMH	<input type="checkbox"/> BCMH	<input type="checkbox"/> Other			
	<input type="checkbox"/> GVMH	<input type="checkbox"/> CMH	<input type="checkbox"/> BCMH	<input type="checkbox"/> Other			
					Total Amount for Mileage		

Purchase	<input type="checkbox"/> Supply _____	(Mileage is reimbursed at .535 per mile)
Event	<input type="checkbox"/> Meeting <input type="checkbox"/> Seminar <input type="checkbox"/> Courier Service for blood or supplies <input type="checkbox"/> Other _____	
Comments	_____ _____	
Page _____ of _____	Total Amount Due to the employee	

Ellett Memorial Hospital Radiology Mileage / Supply Reimbursement



Employee Initials _____

Supervisor Initials _____

Employee _____

Month / Year _____

Date		Miles	Amount \$	Reason
_____	<input type="radio"/> Nevada <input type="radio"/> Other _____	_____	\$ _____	_____
_____	<input type="radio"/> Nevada <input type="radio"/> Other _____	_____	\$ _____	_____
_____	<input type="radio"/> Nevada <input type="radio"/> Other _____	_____	\$ _____	_____
_____	<input type="radio"/> Nevada <input type="radio"/> Other _____	_____	\$ _____	_____
_____	<input type="radio"/> Nevada <input type="radio"/> Other _____	_____	\$ _____	_____
_____	<input type="radio"/> Nevada <input type="radio"/> Other _____	_____	\$ _____	_____
_____	<input type="radio"/> Nevada <input type="radio"/> Other _____	_____	\$ _____	_____
_____	<input type="radio"/> Nevada <input type="radio"/> Other _____	_____	\$ _____	_____
_____	<input type="radio"/> Nevada <input type="radio"/> Other _____	_____	\$ _____	_____
_____	<input type="radio"/> Nevada <input type="radio"/> Other _____	_____	\$ _____	_____
_____	<input type="radio"/> Nevada <input type="radio"/> Other _____	_____	\$ _____	_____
_____	<input type="radio"/> Nevada <input type="radio"/> Other _____	_____	\$ _____	_____
Total Amount for Mileage				

Purchase	<input type="radio"/> Supply _____ Amount \$ _____	(Mileage is reimbursed at .545 per mile)
Event	<input type="radio"/> Meeting <input type="radio"/> Seminar <input type="radio"/> Courier for X-rays <input type="radio"/> Other _____	
Comments	_____ _____	

Page _____ of _____ **Total Amount Due to the employee** \$ _____