

THRIVAS

WEEK END DATE (SUNDAY) ___ / ___ / _____

MILEAGE SHEET

FAX MILEAGE SHEETS BY 12:00PM (NOON) ON MONDAY TO (954) 717-4432
MILEAGE SHEETS RECEIVED AFTER 12:00PM MONDAY MAY DELAY YOUR PAYCHECK

LAST NAME

FIRST NAME

SOCIAL SECURITY #

CLIENT NAME

SUPERVISOR

CLIENT PHONE

DAY	DATE	BEGINNING READING	ENDING READING	BEGINNING READING	ENDING READING	MILES
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						

X _____

EMPLOYEE SIGNATURE EMPLOYEE: I certify that the TOTAL hours reported here are true and correct ACTUAL hour worked. **TOTAL MILES**

X _____

AUTHORIZED CLIENT SIGNATURE **CLIENT PRINTED NAME** **DATE**

CLIENT: As the Client, I agree that the TOTAL mileage reported is true and correct ACTUAL mileage driven for business purposes.

MILEAGE IS PAID TO ASSIGNED ASSOCIATE AT STANDARD IRS BUSINESS MILEAGE RATE (2010 = \$0.50 PER MILE)
CLIENT INVOICE WILL REFLECT THE PREVIOUSLY AGREED UPON MARKUP ON PAY RATE