

**Ellett Memorial Hospital  
Mileage / Supply Reimbursement**



Ellett Memorial Hospital

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 |                                 |           |             |
|      |                               |                              |                               |                                | <b>Total Amount for Mileage</b> |           |             |

|                     |   |   |
|---------------------|---|---|
| <b>Purchase</b>     | <input type="checkbox"/> Supply _____   | (Mileage is reimbursed<br>at \$0.67 per mile) |
| <b>Event</b>        | <input type="checkbox"/> Meeting <input type="checkbox"/> Seminar <input type="checkbox"/> Courier Service for blood or supplies <input type="checkbox"/> Other |   |
| <b>Comments</b>     | _____<br>_____  |   |
| Page _____ of _____ | <b>Total Amount Due to the employee</b>   |   |