

Page #

1, 2, 3

### Daily Time and Mileage Log

True Hearts and Hands Hospice

DATE	PATIENT NAME	Visit Time			MILES	CALL: WKDay \$25 WKEnd \$50 Holiday \$75		FACILITY NAME or HOME
		Start	End	Total Time				

**PAGE TOTALS :** TOTAL HOURS \_\_\_\_\_ TOTAL MILES \_\_\_\_\_

Employee Name (PRINTED) \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_