## **MedTrust Staffing Co**

(Print and complete form, scan, and send the completed and scanned document to infor@medtruststaffingcompany.com)

Employee	Partnership Equals Solutions				Pay Period		
Name SSN Department					From: To:		olumn for only.)
Date	Description	Initial Odometer	Ending Odometer	Total Miles	Accomodations	Other	Tota
<b></b>							
<del>                                     </del>							
-							
<u> </u>	Subtotals:						
Approved By		Notes		_		Sub Total	
		Current mileage reimbursement is		Advance (subtracted)			
Signature:		\$.36/mile. Attach receipts.			Total Due		
nployee Signature			_	_		·	