

# AMAVI HOME HEALTH AND HOSPICE CARE SERVICES, INC.

**MILEAGE LOG:** Please turn this in at the same time with your timesheet

EMPLOYEE'S NAME: \_\_\_\_\_

PAY PERIOD DATES: \_\_\_\_\_

DATE	ROUTE	Mileage Start	Depart	Arrive	Mileage End	Route Total	Person/Patient Visited
			Start Time	End Time			
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