



**Happiness at Home Healthcare Inc.
Subcontractor Mileage Reimbursement form**

Date: _____
 Subcontractor: _____
 Week ending: _____

Date of travel	Client's name	Starting location / address	End location / address	Distance travelled (km)	Amount (Filled by accounting)

Notes:

- A. 2018 Mileage rate is \$0.55 per km.
- B. Travel distance to and from client is not eligible unless pre-authorized by Director, Client Care.
- C. All travel expenses are at management discretion.

Sign off:

 Subcontractor signature

 HAHC Management