



Home Care Time Card with Mileage

Grand Rapids Fax: (616) 365-9254

Livonia Fax: (248) 888-9003

payroll@qcihealthcare.com

Employee (print): _____ Employee (signature): _____

Date/Day	Time IN	Time OUT	Time Total	Verify Signature

Date	Origin - Destination	Odometer	Total Miles	Purpose
TOTAL MILEAGE				



Home Care Time Card with Mileage

Grand Rapids Fax: (616) 365-9254

Livonia Fax: (248) 888-9003

payroll@qcihealthcare.com

Employee (print): _____ Employee (signature): _____

Date/Day	Time IN	Time OUT	Time Total	Verify Signature

Date	Origin - Destination	Odometer	Total Miles	Purpose
TOTAL MILEAGE				