



Arbutus Park

RETIREMENT COMMUNITY

FAITH - CARE - COMPASSION

Date Submitted: _____

DATE	DESTINATION	# MILES	PURPOSE	\$ AMOUNT

Total Amount _____

*Mileage reimbursement will be 50 cents/mile.

I hereby certify the expenses were incurred in connection with Arbutus Park Manor

Employee name: _____ Date: _____

Employee signature: _____ Date: _____

Approving signature: _____ Date: _____