**Timesheet & Mileage Form** (*For All Staff*^) 

Name: Fortnight Ending: Private Vehicle Registration Number:

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|  | **Hours Worked Details** | | | | | | | | **Mileage Details** | | |
| Day/Date Eg: Mon 15/1/18 | Name of each Service User supported or description | NDIS-N/  DHHS - D | Support Code:**\***  D. O ,T. V ,P  (Please refer Legend below) | RTO codes**\*\***:  PA, A  AD  (Please refer legend below) | Start Time | Finish Time | Total Hours**\*\*\*** | Proportion of hours supported per person | KM’s at start of trip | KM’s at end of trip | Total KM’s | KM’s charged to: KM’s per SU | Approved SC initials |
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|  | **TOTAL HOURS** | | | | | |  | **TOTAL KM’S CLAIMED** | | |  |

**\*\*\***Time Code: 15 min=0.25; 30min=0.5; 45min=0.75; 1 hour/60min=1 Office Use Only: Normal Hrs\_\_\_\_ A/L Hrs \_\_\_\_\_ S/L Hrs \_\_\_\_\_ Total\_\_\_\_\_\_

I certify that the above is a true and accurate record of hours worked & mileage claimed for work related purposes. I also certify that I have a current valid driver's licence; my vehicle is maintained in a roadworthy state and my insurer is aware of the use of vehicle for employment related purposes.

Employee Signature: …………………………………………………………………………………………………. Authorised: ………………………………………………………………………………………………………… Date: …………………………

**Legend: \*Individual Direct- D** ,**Organisational-O,Staff Training-T, Volunteer Team-V,Projects Team-P,Meetings-M \*\*Pre-accredited- PA,Accredited Other- A, Accredited Discovery-AD**

**^If Lead DSP please Place L in front of code**  **F108-v2-PS – Current 20/02/18**