QUEST support

Our Mission To provide quality services which enhance the lives of people with dis

Mileage Claim

Staff's Name: ____________ Month: ____________ 20____________

Date	Location	Destinations	KM
		Total KM	

Date	Description	Cash
	Total	

1) Fill in the *Location* column. (House #, Access, Impact, Reach)
2) Detail your driving destinations from your shift in the *Destinations* column. Be specific.
3) Write the exact kilometers in the *KM* column. If you are over your limit, you will not receive the additional payout unless approved by your supervisor in advance.
- North, South , Access and Impact staff have a limit of 200KM per month.
- West and Team Leaders have a limit of 300KM per month.
- Reach has a limit of 400KM per month.
4) All trips outside of Lethbridge city limits must be approved in advance by your supervisor.