Jeffery's Greenhouses Plant II Limited

TOLL FREE FAX 1 866 706 6881

In Store Service Representative Hours and Mileage Form

SUBTRACT 1/2 HOUR LUNCH FROM 'HOURS WORKED' IF YOU WORKED OVER 5 HOURS

NAME OF CLAIMANT : **FOR BIWEEKLY PERIOD ENDING:**

DATE	FROM:	TO:	KM	Mileage Allowance @ ___ cents	Start Time	End Time	Hours Worked	Comments
				$				
				$				
				$				
				$				
				$				
				$				
				$				
				$				
				$				
				$				
				$				
				$				
				$				
				$				
				$				
				$				
				$				
				$				
		TOTAL		$				

I certify this expense claim and summary of my hours to be true.

Signed _____

Approved _____

PDF created with pdfFactory trial version www.pdffactory.com