Lavender Blue

Fax: (06) 357-2453



Kilometre and Travel Time Log

(only for use for travel OVER 15 Km's in one direction)

STAFF NAME:		PAY NUMBER:		
	PERIOD COVERING MONDAY	 _/ 20 TO SUNDAY	/_	/ 20

Date	From (Client Name)	To (Client Name)	Travel Start Time	Travel Finish Time	Total Travel Minutes	Speedo Start	Speedo Finish	Total KM's	Own Car? (Y or N)

Lavender Blue Nursing and Home Care Agency Limited

Date	From (Client Name)	To (Client Name)	Travel Start Time	Travel Finish Time	Total Travel Minutes	Speedo Start	Speedo Finish	Total KM's	Own Car?
	,								

Staff Signature:	