

PREMIER SPECIALTY NETWORK TIMECARD

Provider Name
Services Provided
Month of Service

Day	Hospital / Clinic	Clinic Hours	Procedure Hours	Daily Miles Traveled (roundtrip)	2020 Mileage Rate	Travel Reimbursement
1st					\$0.575	\$0.00
2nd					\$0.575	\$0.00
3rd					\$0.575	\$0.00
4th					\$0.575	\$0.00
5th					\$0.575	\$0.00
6th					\$0.575	\$0.00
7th					\$0.575	\$0.00
8th					\$0.575	\$0.00
9th					\$0.575	\$0.00
10th					\$0.575	\$0.00
11th					\$0.575	\$0.00
12th					\$0.575	\$0.00
13th					\$0.575	\$0.00
14th					\$0.575	\$0.00
15th					\$0.575	\$0.00
16th					\$0.575	\$0.00
17th					\$0.575	\$0.00
18th					\$0.575	\$0.00
19th					\$0.575	\$0.00
20th					\$0.575	\$0.00
21st					\$0.575	\$0.00
22nd					\$0.575	\$0.00
23rd					\$0.575	\$0.00
24th					\$0.575	\$0.00
25th					\$0.575	\$0.00
26th					\$0.575	\$0.00
27th					\$0.575	\$0.00
28th					\$0.575	\$0.00
29th					\$0.575	\$0.00
30th					\$0.575	\$0.00
31st					\$0.575	\$0.00
TOTALS		0	0	0		\$ -

NOTES: