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# EYFS FORMS MANUAL

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JULY 6, 2020  
EVERGREEN YOUTH & FAMILY SERVICES

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## Time Card

### **Purpose:**

Time cards are utilized to keep track of hours worked, vacation, sick leave, and flex time. Time cards are used to track time worked in specific grants. During desk audits and site visits, copies of time cards are required as proof of time spent working for a specific grant.

Time cards are due to supervisors no later than the Monday of a payroll week. Supervisors: time cards must be into the Business Office no later than noon on the Tuesday of payroll week. If time cards are not into the Business Office by noon on the Tuesday of payroll week, payroll may be delayed until the following payroll for those employees.

### **Procedure:**

The areas of “Time In” and “Time Out” provide times in 15-minute increments for employees to clock in and out throughout the day. These fields are dropdown options.

If there is a Holiday in which an Evergreen employee earns paid time, the hours earned will show in the “Holiday Hours Earned” row.

Employees should type in the number of hours (in 15-minute increments) in the grants they work in. So for example, if an employee worked an hour and a half in SOP and five hours and fifteen minute in HYA they would code as follows: SOP row: 1.5; HYA row 5.25.

If an employee uses vacation, sick leave, flex time, holiday time, or miscellaneous paid time (bereavement, weather, etc.) the hours used again would be listed in the appropriate row.

Hours worked and hours coded to grants or leave should equal one and other. The row below “Total Hours for Each Day” will show either “okay” or “error”. If it shows “error” the hours worked and the hours coded to grants do not equal. Please recheck and fix the error.

For employees that earn vacation, sick time, and holiday hours: your hours earned and used will show in the bottom left of time card. The information is calculated from the information entered into the time card. There are stipulations on use of leave during employees’ probationary time (see Employee Handbook for specifics).

For your reference, there is a “Notes” row at the top of the time card. You are able to make yourself notes there to remind you of anything for the day. For example, an employee might enter “Dr” to remind them they had a doctor appointment that day and used sick leave.

It is important to make certain your time card is accurate. The information in the time card is written to other workbooks to calculate information for grants and financial information.

Benefited employees will also have a PTO tab. This worksheet provides the employee with their earning of vacation, sick leave, and holiday rates.

# Time Card - Sample

## EVERGREEN YOUTH & FAMILY SERVICES TIME CARD (non-exempt) - Certification Form For Time Spent on Federal Program Grants

Employee Name (Print): Becky Johnson  
 Pay Period Dates: 1/6/2020 to 1/19/2020 Program: Housing

Notes	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Totals	Percent	Leave
Call-In	X																
Time In	8:00 AM																
Time Out	10:00 AM																
Time In	11:30 AM																
Time Out	1:45 PM																
Overnight Time In	12:00 AM																
Overnight Time Out	8:00 AM																
Total Work Time		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Total Time+Vac/Sick/Holiday		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Holiday Hours Earned															0.00		
Mark Holiday																	
Hrs Worked/grant + Date →	6-Jan	7-Jan	8-Jan	9-Jan	10-Jan	11-Jan	12-Jan	13-Jan	14-Jan	15-Jan	16-Jan	17-Jan	18-Jan	19-Jan			
ACF SQP = 0204															0.00	0.00%	0.00
TLP = 0201															0.00	0.00%	0.00
OEO THP= 0206															0.00	0.00%	0.00
OEO HYA = 0224															0.00	0.00%	0.00
LTH Supp Serv = 0214															0.00	0.00%	0.00
HUD #3 = 0226															0.00	0.00%	0.00
HTA = 0216															0.00	0.00%	0.00
STAY Grant = 0202															0.00	0.00%	0.00
DPS YIP = 0309															0.00	0.00%	0.00
OVW-0312															0.00	0.00%	0.00
ACF Shelter = 0101															0.00	0.00%	0.00
MDOH Suicide Prev = 0613A															0.00	0.00%	0.00
CVS-VOCA=0319															0.00	0.00%	0.00
CVS - Other =0319A															0.00	0.00%	0.00
MDOH PREP Grant = 0710															0.00	0.00%	0.00
DEED-0827															0.00	0.00%	0.00
Safe Harbor Housing-0308															0.00	0.00%	0.00
Safe Harbor Support Svs-0311															0.00	0.00%	0.00
HSWH-0207															0.00	0.00%	0.00
YLC - 0218															0.00	0.00%	0.00
Gambling-0525															0.00	0.00%	0.00
Misc Non Fed Prog Direct = 9999															0.00	0.00%	0.00
Management and General															0.00	0.00%	0.00
Fundraising															0.00	0.00%	0.00
Misc. Leave (funeral, weather)															0.00		
Vacation															0.00		
Sick															0.00		
Flex Time															0.00		
Holiday															0.00		
<b>Total Hours for Each Day</b>		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

okay okay okay okay okay okay okay okay okay okay okay okay okay okay okay okay  
**Weekly Total:** 0.00 **Weekly Total:** 0.00  
**Bi-Weekly Total of Hours:** 0.00

If You Have Overtime Hours > Overtime Hours-Need to attach approval form signed by Supervisor

	Balance Forward	Used this Period	Hours Accrued	New Balance
Capped at 160 hours	0.00	0.00	4.00	4.00
Capped at 320 hours	0.00	0.00	4.00	4.00
Capped at 24 hours (use ASAP)	0.00	0.00	0.00	0.00

This is an estimation of time & effort spent on federally funded program grants.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Overtime Approval Form

## Purpose:

Overtime is considered any hours worked in excess of 40 hours in a work week (Monday through Sunday). If an employee believes they are approaching overtime, the employee should speak with their supervisor to obtain prior approval. Prior approval is needed to help make certain grant funds can support overtime pay.

## Procedure:

Employees earning overtime must complete an overtime approval form, stating the week overtime is approved for, the number of hours, and the reason for requiring overtime. This form must be signed and dated by the employee and the employee's supervisor.

Please attach this completed form with the appropriate time card. It is advised to make copies for both the employee and the supervisor.

## [Overtime Approval Form - Sample](#)



# Evergreen Youth & Family Services

## Overtime Approval Form

Work week dates: \_\_\_\_\_

\_\_\_\_\_, has approval from  
(staff person's name)

his/her supervisor, \_\_\_\_\_,  
(supervisor's name)

to work \_\_\_\_\_ hours of overtime during the above referenced work week.  
(# of hours)

Description of the need for Overtime hours:

\_\_\_\_\_

\_\_\_\_\_  
Employee's signature                      Date

\_\_\_\_\_  
Supervisor's signature                      Date

Please make one copy for employee to keep, one copy for supervisor to keep and attach one copy to your time card. Thank you!

# Mental Health Day Approval Form

## Purpose:

Employees may use their sick time to take up to four mental health days per calendar year but must have prior approval by supervisor.

## Procedure:

Employees must request a mental health day by speaking with their supervisor. If their supervisor approves, a mental health day form must be completed, signed and dated by employee and the supervisor.

Please attached this completed form with the appropriate time card. It is advised to make copies for both the employee and the supervisor.

[Mental Health Day Form – Sample](#)



## Evergreen Youth & Family Services

### Mental Health Day Approval Form

Date Requested Off: \_\_\_\_\_

\_\_\_\_\_, has approval from  
(staff person's name)

his/her supervisor, \_\_\_\_\_,  
(supervisor's name)

To use the day listed above as a mental health day. No more than 8 hours will be granted for this day off and the hours will be subtracted for employee's sick leave hours.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Date

Please make one copy for employee to keep, one copy for supervisor to keep and attach one copy to your time card. Thank you!

# Time Off Request Form

## Purpose:

The purpose of the time off request form is to assist supervisors in making sure there is enough staffing to continue to operate in a regular capacity.

## Procedure:

Employees should complete the time off request as soon as they know they will need the time off so any staffing concerns can be mitigated. If approved, supervisors are to notify employees via email so permission is documented.

## Time Off Request Form – Sample

### Time Off Request

Your request for time off must be submitted and approved by management in advance.

**Employee Name \***


First Name  Last Name

**Employee Email \***


example@example.com

**Number of Days Requested \***

**Starting On \***

mm-dd-yyyy 

**Return to Work On \***

mm-dd-yyyy 

**Type of Request (check reason for your request) \***

- Vacation
- Sick
- Funeral/Bereavement Leave
- Jury Duty
- Family/Medical Leave


**Comments**

**Supervisor Email \***

example@example.com

By submitting this request, I understand that time away from work is subject to management approval and company policies.

**SUBMIT**



## Laundry Quarters

Updated: 5/7/2020 – (Maximum of \$10 per individual or \$15 per household during COVID19)

### **Purpose:**

#### Housing Clients

The purpose of laundry quarters is to reward housing clients for passing an apartment check. A maximum of \$5 in quarters may be distributed per week.

#### Safe Harbor/OVW/CVS Clients

The purpose of laundry quarters is to provide monies for clients to do laundry. A maximum of \$5 for individuals or \$10 for a family may be distributed per week.

### **Procedure:**

When providing clients with laundry quarters please follow the following steps:

- 1) Record the withdrawal on the “Laundry Quarter Tracker” sheet (located in the Business Office).
  - a. Each laundry quarter bag contains \$5.00 of quarters.
  - b. You will be required to provide the date, amount, balance, name of client, and your initials.
- 2) Take a “Confirmation for Service/Item Received” form and complete.
  - a. You will be required to provide the date, client name, amount, grant to be charged, client signature, and case manager name and signature.
  - b. The client will be required to sign for the quarters upon receipt.
- 3) If you would like a copy of the “Confirmation for Service/Item Received” for the client file, make a copy or scan to yourself.
- 4) Turn the completed “Confirmation for Service/Item Received” the same day quarters were distributed.





**Evergreen**  
Youth & Family Services  
*Strengthening Youth. Preserving Families.*

## Confirmation for Service/Item Received

Client Name: \_\_\_\_\_

Date Received: \_\_\_\_\_ Value: \_\_\_\_\_

Item Received: \_\_\_\_\_

Grant To Be Charged: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_



# Gift Card Policy/Procedures

Updated 11/5/2019

## Purpose:

As a rule we should not be distributing gift cards; we should be taking advantage of the opportunities to work with our clients to teach wise shopping skills: creating a list, prioritizing items, looking for values to stretch dollars, etc. There will be exceptions to the gift card rule: ILS/YLC trips, incentives for skills group participation, grant specific exceptions, in the situation where someone is fleeing a domestic violence situation and other extenuating circumstances.

All credit card gift cards must be pre-approved by supervisor. Please use the Pre-Authorization Purchase Form. **Please note:** prepaid Visa/Master/AX cards charge extra fees to activate.

## Procedure:

In accordance with Federal and State accountability measures, the following procedures will be followed in regards to gift card purchasing and distribution. Please make certain your grant program allows for gift cards to be purchased.

### Purchasing Gift Cards

Please check with your specific grant program to make certain gift cards are allowable. If gift cards are allowable, please follow these procedures.

- 1) Get pre-approval from your supervisor to purchase a set amount of gift cards (use a Purchase Confirmation Form, see page 16 of this manual).
- 2) After purchasing gift cards, please bring them to the Business Office along with the Purchase Confirmation (signed by supervisor) and receipt.
  - a. You will need to allow a minimum of 24 hours for the Business Office to process the gift cards (not including weekends/holidays).
- 3) The Business Office will verify all cards are accounted for and will sign as reviewer. The Business Office will create a spreadsheet with gift cards numbers, amounts, and vendors so programs are able to keep track of what gift cards they may utilize and the amounts.
- 4) Once the Business Office has processed the gift cards, the program will be notified.
- 5) The program will be allowed to store a maximum of \$200 worth of gift cards in a locked file cabinet in their office. The remaining cards will be held by the Business Office in a locked cabinet.
  - a. If additional gift cards are needed that are being stored by the Business Office, the program must give a minimum of a 24 hour notice to the Business Office or authorized personnel to request additional gift cards, so please plan ahead.

### Distributing Gift Cards

Please be certain client is eligible to receive a gift card from the program that purchased the gift card.

- 1) Use the appropriate spreadsheet for your program either on the S Drive or for some programs it may be a paper spreadsheet in the gift card binder. Record the date, client name, and purpose of providing a gift card in the row that corresponds with the distributed gift card.
- 2) Have client date, print, and sign the gift card distribution form.
- 3) Once the gift card distribution form is complete, return it to the Business Office in a timely manner so the distribution can be accounted for and the form filed with appropriate financial paperwork.
  - a. The Business Office will be changing colors of cells to assist in tracking confirmed distributions to clients as well as card distributions to programs.

## Pre-Authorization for Purchases Over \$100

### Purpose:

To ensure grants are not being overspent and purchases fall within the guidelines of the grant, employees shall obtain pre-authorization from supervisor for purchases over \$100.

### Procedure:

All staff making purchases over \$100, for direct support purchases for clients, will require a Pre-Purchase Authorization Form be completed. This **Jot Form** (<https://hipaa.jotform.com/201212998142048>) will be sent to supervisors automatically for approval. Supervisors are asked to respond within 24 hours, if possible.

This allows supervisors to check in with finance and/or against the grant spend down sheet, to ensure we are making sure we are not overspending on the grants (and will provide additional checks and balances). The signed Pre-Purchase Authorization Form will be added to your purchase confirmation forms that are signed by clients, confirming receipt.

### Pre-Purchase Authorization Form - Sample

#### EYFS - Pre-Purchase Authorization Form

This form is to be used if purchases will be over \$100.

**Supervisors**, please print this form once received, sign & date if approved and give back to the requestor.

**Requestor**, please attached the initialed & signed form along with your purchase confirmation.

**Requestor \***

First Name Last Name

**Requestor - Email \***

example@example.com

**Request: Please include client name/initials, items to be purchased, and purpose. \***


**Estimate of Cost (please try and be within \$10) \***

ex: \$150

**Grant to be charged: \***

**Supervisor Email \***

example@example.com



## Online Purchase Requisition

### Purpose:

The Online Purchase Requisition Form is used so online purchases can be made more efficiently. The form asks basic questions regarding the purchase as well as the direct item link. Once this form is submitted to a supervisor, the form can then be forwarded to the Business Office for purchase and the links provided will allow the exact item(s) to be purchased.

### Procedure:

If you are wanting to purchase items online, please complete the Online Purchase Requisition Form. If you are completing this, you do not have to additionally complete the EYFS - Pre-Purchase Authorization Form because this will be sent to supervisor for approval prior to purchasing. Basic information will be completed such as, employee requesting purchase, amount of purchase, grant to be charged, purpose of purchase, and direct link to item(s).

<https://form.jotform.us/71775961159166>

### Online Purchase Requisition Form - Sample

Evergreen Online Purchase Form

Full Name \*  
First Name Last Name

Your phone extension

E-mail \*  
example@company.com

Date Needed By \*  
Month Day Year

Program \*  
 DREI  
 Emergency Shelter Program (ESP)  
 Fiscal Flow-Through Project (Specify)  
 Housing  
 ILS  
 Rock Sales  
 Safe Harbor Housing  
 Street Outreach  
 Suicide Prevention  
 Youth and Family Counseling  
 Other

What grant or if known, grant code should this be charged to?

Purpose of Purchase \*

Vendor \* Cost \*

Direct Link to Product: DO NOT USE CASE LINK \*

Upload any needed documentation  
Browse Files

Supervisor's Email \*  
example@company.com

Submit Clear Form Print Form

HIPAA

If you are planning to physically go to a store to purchase items/gift cards, please complete the EYFS-Pre-Purchase Authorization Form for purchases over \$100.

<https://hipaa.jotform.com/201212998142048>

## Check Request

### **Purpose:**

This form is used by staff to request a check to be processed.

### **Procedure:**

Please complete the following fields highlighted in pink: Program, Type, Date Needed, Description, Amount Requested, "x" in appropriate Grant, Check Payable to and address, how to disseminate the check.

Once form is completed, please print, sign, date, and attach any required receipts/documentation. The form can now be passed to your supervisor.

**DUE:** Submission to Business Office by Tuesday of the week for a check to be ready by Friday that week (exceptions apply).

Once the check has been processed the Business Office will disseminate the check as indicated on the Check Request. If the check is for a client, the client must sign: 1) The check request indicating receipt of the check or 2) a confirmation for services/items received. In most cases a copy of the Check Request along with the processed check (if form requested check to be returned to employee) will be placed in the requestors work mailbox. If a check was requested to be mailed, a copy of the Check Request will be placed in the employee's mailbox along with the check number written on the form so the requestor has the information for any future use.

For those programs that have grant spenddown workbooks, please use the Check Request form in your workbook. This allows the expense to be coded for the Business Office and is more efficient. Please work with your supervisor to determine who should enter expense into the workbook. These spenddown workbooks allow employee's and supervisors the autonomy to spend grant funds as deemed appropriate.

## Evergreen Youth and Family Services Check Request

Please complete this form as soon as possible. Completed requests must be submitted to the Business Office no later than Tuesday at office close for a check to be ready for that week's processing.

Program (choose from dropdown):

Date Needed:

Type (choose from dropdown):

Purpose, Description, and/or Name of Client:
Amount Requested: <input style="width: 100px;" type="text"/>

Split Purchase Amount below, if more than one grant is to be charged:

Amount	"x" in applicable boxes:	Code (completed by Operations Director)
	DEED	
	Safe Harbor Housing	
	OEO THP	
	OEO HYA	
	DHS/LTH	
	FHPAP Homeless	
	FHPAP Prevention	
	HTHP	
	HUD PSH	
	ACF Basic Center Shelter	
	Safe Harbor Supportive Services	
	SELF	
	CVS	
	OTHER	

<b>Please check one:</b>	
<input type="checkbox"/>	Mail Check
<input type="checkbox"/>	Place in agency mailbox
<input type="checkbox"/>	Include with payroll envelope
<input type="checkbox"/>	Pay Online

**Make Check Payable to:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

Employee Signature	Date
Client Signature (if applicable)	Date
Supervisor Signature	Date
Executive Signature (if \$500 or greater)	Date

## Purchase Confirmation

### **Purpose:**

This form is used by staff 1) to get permission to make a purchase by entering information and approximate amount of purchase in "estimated amount of purchase" and/or 2) after making a purchase.

### **Procedure:**

Please complete the following fields highlighted in pink: Account Type, Program, Type of Expense, Date of Purchase, Vendor/Store Name, Amount of Purchase, Estimated Amount of Purchase (if pre-approval is required), Description, "x" in grant expense falls under, Name of Employee who make purchase. If the purchase is for a client, the client must sign: 1) The purchase confirmation indicating receipt of the items or 2) a confirmation for services/items received.

Form must be completed ASAP as another staff member must confirm the purchase of tangible items. The person confirming the purchase will go through the receipt and items purchased to make certain nothing is missing or was left in a vehicle, etc. This person will sign and date as the "reviewer". The purchaser can complete this form while the reviewer is reviewing the purchase. Once form is completed, please sign and date, and attach any required receipts/documentation. The form can now be passed to the reviewer for signature and then onto your supervisor.

**DUE:** Submission to Business Office by Friday of the week the purchase was made (exceptions apply, Friday purchase can be turned in on Monday).

For those programs that have grant spenddown workbooks, please use the Purchase Confirmation form in your workbook. This allows the expense to be coded for the Business Office and is more efficient. Please work with your supervisor to determine who should enter expense into the workbook. These spenddown workbooks allow employee's and supervisors the autonomy to spend grant funds as deemed appropriate.



### Evergreen Youth and Family Services

#### Purchase Confirmation

**Choose account type (from dropdown):**

Store Account

**Program (choose from dropdown):**

Emergency Shelter Program

**Type (choose from dropdown):**

Program Expense

**Date of Purchase:**

**Vendor/Store Name:**

**Total Amount of Purchase:**

**Estimated Amount of Purchase:**

This form is to be used for all receipts from purchases via credit card, purchase order, or on account. Once complete, staple all receipts to the back, submit this form to your supervisor, and place a copy in the client folder.

Purpose, Description, and/or Name of Client:

Split Purchase Amount below, if more than one grant is to be charged:

**Amount "x" in applicable boxes:**

Split Purchase Amount below, if more than one grant is to be charged:

Amount	"x" in applicable boxes:	Code (completed by Operations Director)
	DEED	
	Safe Harbor Housing	
	OEO THP	
	OEO HYA	
	DHS/LTH	
	FHPAP Homeless	
	FHPAP Prevention	
	HHP	
	HUD PSH	
	ACF Basic Center Shelter	
	Safe Harbor Supportive Services	
	SELF	
	CVS	
	OTHER	

**When purchasing physical items. Please be certain to have a 2<sup>nd</sup> person, review this purchase and sign below, so that all listed items are accounted for.**

Employee Name (please type): \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Reviewers Signature Date

\_\_\_\_\_  
Client Signature (if applicable) Date

\_\_\_\_\_  
Supervisor Signature Date

\_\_\_\_\_  
Executive Signature (if \$500 or greater) Date

## Travel Expense Report

### **Purpose:**

This form is used by staff for mileage and/or per diem claim.

### **Procedure:**

Please complete the following fields: Month, Year, Employee, and Program. If you traveled in your personal vehicle, please complete the fields of: Date, Destination, Odometer Start & End (these numbers will calculate your mileage), and "Choose One Below" (program for mileage to calculate). If you travelled out of town you will also need to provide mileage confirmation documentation and meeting/training documentation.

If you are claiming per diem, please enter the quantity for Breakfast, Lunch, and/or Dinner.

If you have parking costs (paid personally), please enter the amount (attach receipts).

If you had lodging costs (paid personally), please enter the amount (attach receipts).

Once form is completed, please print, sign, date, and attach any required receipts/documentation. The form can now be passed to your supervisor.

**DUE:** Submission to supervisor is due 2 days after returning to work from travel or by the 2nd of the month if claiming mileage for an entire month.

## Evergreen Youth Family Services Travel Expense Report

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Employee: \_\_\_\_\_

Program: \_\_\_\_\_

Date:	Destination:	Odometer	Choose One Below	Total Miles								
				Shelter	HSG	ILS	S Prev	Counseling/C Vs/YIP	Fundraising	EYS/Mgmt and General	SOP	
		Start										
		End										
		Start										
		End										
		Start										
		End										
		Start										
		End										
		Start										
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		End										
		Start										
		End										
		Start										
		End										
		Start										
		End										
		Start										
		End										
<b>Mileage Sub-Totals:</b>				0	0	0	0	0	0	0	0	0

If traveling out of town, please attach mileage confirmation documentation and meeting/training documentation.

Rate as of January 1, 2020: 0.575  
**Mileage Total:** \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ -

Per Diem Claimed	Qty.	Current Rates
Breakfast		\$9.00
Lunch		\$11.00
Dinner	0	\$16.00
<b>Per Diem Total</b>		<b>\$0.00</b>

Lodging (please attach receipt, if paid personally) Amount: \_\_\_\_\_  
 Enter Parking Receipt Amount Here: \_\_\_\_\_  
 Enter Lodging Receipt Amount Here: \_\_\_\_\_

**Grand Total** \$0.00

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Executive Director: \_\_\_\_\_ (if over \$50 Date: \_\_\_\_\_)

## Agency Vehicle Mileage Log

### **Purpose:**

This form is used by staff when using an agency vehicle. Vehicle Mileage Logs are needed to charge back to grants agency vehicle usage. It is important to keep track of each use of agency vehicles.

### **Procedure:**

Please complete the following fields: Date, Starting Odometer, Ending Odometer, Initials, Initials of Client (if applicable), "x" if gas was purchased, number of miles travelled in the appropriate grant box. If a grant is not listed, please write what grant the mileage should be charged to, and purpose/description of travel.

**DUE:** This must be completed each and every time an agency vehicle is used.

# Vehicle Mileage Log - Sample

Vehicle: \_\_\_\_\_

Month: \_\_\_\_\_

## Vehicle Mileage Log

Date	Odometer Reading		Staff Initials	Client Initials	Gas Purchased (x)	Enter Number of Miles Traveled in appropriate category										Purpose/Description	
	Beginning	End				Safe Harbor	DEED	HUD	Housing	ILS	YLC	SOP	CVS/Counseling	Rock Sober	OVW		
Business Office Use	Safe Harbor	DEED	HUD	Housing	ILS	YLC	SOP	CVS/Counseling	Rock Sober	OVW							
Total Miles																	

Revised 9/9/2019

## Cell Phone Stipend

### **Purpose:**

This form is used by staff that are able to claim a monthly cell phone stipend.

### **Procedure:**

Please complete the pink field: Month, Check Payable to, along with address, "x" the box if you prefer the check to be mailed, in your agency mailbox or in your payroll envelope; "x" for the applicable program.

Please attach a copy of your bill.

Once form is completed, please print, sign, date, and attach any required receipts/documentation. The form can now be passed to your supervisor.

**DUE:** Submission to business office no later than the 15th of the month for payment for the previous month. I.E. To be paid for a June bill, must be into the business office no later than July 15th.

## Evergreen Youth and Family Services Cell Phone Stipend Check Request

Please complete this form as soon as possible. Completed requests must be submitted to the Business Office no later than Tuesday at office close for a check to be ready for that week's processing.

For Month:

January	February	March	April	May	June
July	August	September	October	November	December

**Cell Phone Stipend - Be sure to attach proof of payment**  
*Reimbursement form must be turned in no later than the 15th of month for the previous month.*

Amount Requested: **\$25.00**

Split Purchase Amount below, if more than one grant is to be charged:

Amount	"x" in applicable boxes:	Code (completed by Operations Director)
	Management Cell Phone Stipend	
	Shelter Staff Cell Phone Stipend	
	Housing Staff Cell Phone Stipend	
	ILS Staff Cell Phone Stipend	
	Suicide Prevention Cell Phone Stipend	

**Please check one:**

Mail Check

Place in agency mailbox

Include with payroll envelope

**Make Check Payable to:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date