Lavender Blue NURSING AND HOME CARE AGENCY LIMITED

Kilometre Log

STAFF NAME: _____ **PAY NUMBER:** _____

PERIOD COVERING MONDAY_____/_____/ 200__ TO SUNDAY_____/_____/ 200__

Date	Client Name	Speedo Start	Speedo Finish	Total Km's	MOH / DHB *(Office use only)*

236 College Street, PO Box 443, Palmerston North
Telephone: (06) 353-7218 Fax: (06) 357-2453

Lavender Blue Nursing and Home Care Agency Limited

Date	Client Name	Speedo Start	Speedo Finish	Total Km's	MOH / DHB *(Office use only)*

Staff Signature: _____