BLACK HILLS SPECIAL SERVICES COOPERATIVE

Time Sheet and Travel Form

Name: _____ **Pay Period:** _____

Contact Information: _____

Program Assignment(s): _____

	Time		Location/Program						TRAVEL						
									Destination	Depart	Return	Reimburse*	Lodging*	Per Diem	Miles
Date	In	Out					PPL	Activity	for per diem justification			*Original Receipt Required		Overnight Stay	
Totals:			0.00	0.00	0.00	0.00	0.00								
												Total Miles			0
												Subtotals	$0.00	$0.00	$0.00	$0.00
												Total Reimbursement Requested				

PPL Used 0.00 hours as listed above

I declare and affim under the penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief, is in all things true and correct.

_____ Class 4 - Hourly

_____ Class 4 - Salary _____ Class 5

_____
Signature of Employee/Claimant Title Date

_____
Signature of Supervisor

The Black Hills Special Services Cooperative is an Equal Employment Opportunity Employer. Discrimination because of gender, race, color, religion, national origin, age, disability, or veteran status is prohibited. The Cooperative recruits, hires, trains, and promotes the most qualified persons into all job levels without regard to race, color, religion, national origin, gender, or disability (except where disability and gender are bona-fide occupational qualifications).

Revised 06/2006