

Safe Food Handlers Corporation Payroll and Expense Report

Employee Name: _____ Month Ending: _____

| Class Date | Class City/State | Hours Worked | Roundtrip Mileage | Expenses | Reason for Expenses |
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| Totals | | | | | |

Instructors will be paid once monthly for 8 hours per class unless there are circumstances that required you to spend additional time. Please attach all receipts to this report and a brief explanation of expenses incurred. Expenses greater than \$20 per class must be approved by SFH.