

NANNY EXPENSE TRACKER

Professional Care Record

Period: _____

NANNY NAME

HOURLY RATE

OT RATE

TAX ID/SSN

DATE	CLOCK IN	CLOCK OUT	HOURS	EXPENSES (MILES/MEALS)	DAILY TOTAL
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NOTES & STIPULATIONS

Additional reimbursements or performance notes...

Total Regular Hours \$ 0.00

Total Overtime Hours \$ 0.00

Total Reimbursements \$ 0.00

Net Amount Due \$ 0.00

Employer Signature

Nanny Signature

Date Paid