OK CD-PASS Mileage Reimbursement Form

Member Name: Employee Name:		Mem			
		Emplo			
DATE	REASON FOR TRIP	FROM (Address)	TO (Ac	ldress)	ROUND TRIP MILEAGE
		TOTAL N	MILEAGE		
Reimbursem	ent Total: \$0.54 * Total Milea	ge = \$			
Member Signature:			Date:		
Employee Signature:			Date:		
Fax To: 1.8	866.567.8035 E·	mail To: <u>okpplfax@pcgus.com</u>	Mail To:	Public Partnersh OK CD-PASS	nips, LLC

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