



Please turn in completed sheet to the Program Coordinator or your supervisor at the end of the month for reimbursement, or retain for your records if claiming when itemizing as a tax deduction. Mileage forms are considered late if not received by the 6th day of the month following the one recorded.

MILEAGE REIMBURSEMENT FORM

Claim for Authorized Travel Expenses (month/year): _____

CLAIM OF: _____

PROGRAM: _____

ADDRESS: _____

DATE	TIME	ORIGIN AND DESTINATION PURPOSE OF TRIP	ODOMETER START END	MILES CLAIMED

TOTAL:

OFFICE USE ONLY:

Travel this period: _____ miles at _____ cents a mile for total of \$_____ reimbursement.

The undersigned, under the penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has been hertofore paid, and that the amount therein is justly due, and that the claim is presented within one year after the last item thereof has accrued.

Submitted for: Reimbursement from agency Verification for tax deduction only

SIGNED BY CLAIMANT: _____

APPROVED BY: _____