



Staff Mileage Reimbursement Form

57 Wingate Street, Suite 301
Haverhill, MA 01832
Phone: 978-373-0552
Fax: 978-373-0557

Month of:

Name: _____ Date: _____ Vehicle Make: _____

Signature: _____ Position: _____ Registration Number: _____

Family/Individual Approval: _____

Arc Approval: _____

Date of Trip	From	To	Odometer Reading Beginning/ending OR Mode of public transportation	Name of Individual and Purpose of Travel	MILES			
					AFC/CSS	Shared Living	Admin/Other	Total
6/12/2010 PLEASE SEE EXAMPLE ABOVE	Haverhill	Lawrence	67000-67023 Take total miles and multiply by .45.	Shelly C.- Grocery shopping See examlpe right	23.00 (23x.45= \$10.35)			
Total Miles								
Multiply Rate by \$0.45 per mile					\$0.45	\$0.45	\$0.45	\$0.45
Mileage Reimbursable Amount (Private Vehicle)								
Public Transportation, Tolls, Parking, Fares, Etc.								
Department Total Public Transportation <i>Please attach all receipts for parking, tolls, public transportation, fares, etc.</i>								
TOTAL MILEAGE & PUBLIC TRANSPORTATION								

PLEASE REMEMBER TO SUBMIT MILEGAE REPORTS MONHTLY. See Pay Period Schedule for dates.