



## EMPLOYMENT TRAVEL MILEAGE SHEET

FOR THE MONTH OF

Name of client:  Member ID:  Team Number:

Date	Roundtrip Distance (kms)	Place of Appointment	Name of Employment Program	Verified By
<b>Total kms</b>		<b>x \$0.35 = \$</b>	<input style="width: 100px; height: 25px;" type="text"/>	

Signature: \_\_\_\_\_ Date:

If you have any parking receipts, remember to submit them along with this mileage sheet for reimbursement.  
**PLEASE SUBMIT MILEAGE SHEET(S) AT THE END OF EACH MONTH.**

PLEASE NOTE if you are submitting this form for medical mileage: Ontario Works covers **approved** travel for medical purposes only. Any travel for other purposes will be your responsibility. Medical transportation costs totalling \$14.99 or less in any given month will be the responsibility of the client and will not be reimbursed by Ontario Works.

**County of Huron Social Services - Ontario Works**  
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