State of Hawaii Department of Human Services

MILEAGE CLAIM FORM

Dauticinant No		☐ First-To-Work (FTW) Program ☐ Transitional Support Services (TSS) Month/Year: Case Manager:					
Participant Na Unit Name:	ime:						
Type of Fransportation		Automobile Moped Parking Location: Parking Rate:					
DATE	PARKING FEES	FROM: Address / Odometer Reading	TO: Address / Odometer Reading	TOTAL MILES			
-			-				
I hereby certify that the information claimed is a true and accurate record of miles traveled, parking fees incurred, and type of transportation specified, in order to perform my scheduled and approved First-To-Work activities. I further certify that the specified type of transportation used carries current, valid vehicle registration and is insured with at least the minimum liability insurance required by the Hawaii No-Fault Law.			Miles Claimed on Page 1 Miles Claimed on Page 2 Total Miles for Month (multiply miles by rate) X =				
Insurance Name:			Parking Fees (attach parking receipts) + TOTAL REIMBURSEMENT CLAIM \$				
Policy No:Expiration Date:			☐ Approved ☐ Denied				
Participant Signatur	re:		Case Manager Signature	Date			

DATE	PARKING FEES	FROM: Address/Odometer Reading	TO: Address/Odometer Reading	TOTAL MILES
	-		7	
	18			
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