

PICKAWAY COUNTY JOB & FAMILY SERVICES MILEAGE REIMBURSEMENT FORM

Mileage will be \$5.00/day for up to 50 miles (round-trip)
Mileage will be \$10.00/day for 50 miles and over (round-trip)

NAME: _____ SSN: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 CASE MANAGER: _____

	DATE	HOURS SPENT	ROUND TRIP MILEAGE
M			
T			
W			
TH			
F			
S			
TOTAL			

TOTAL DAYS OF ATTENDANCE _____ (for the two week period)	
_____ Student Signature	_____ Date
_____ Classroom Instructor Signature Date	
<i>By my signature, I am certifying that the student did attend the days indicated on this form.</i>	

	DATE	HOURS SPENT	ROUND TRIP MILEAGE
M			
T			
W			
TH			
F			
S			
TOTAL			

**MUST BE SUBMITTED
WITHIN 30 DAYS OF
FIRST TRAVEL DATE**

RETURN TO:
 Pickaway Co Job & Family Services
 JOBS One-Stop
 1080 US Rt 22 West
 Circleville OH 43113

Allow 30 days for reimbursement.

DO NOT WRITE IN THIS AREA	
# Days incurred expenses _____	Rate per day \$ _____ = Total \$ _____
_____ Approved by WIA Case Manager	_____ Date
CHECK ONE Adult 480 _____ Dislocated 485 _____	