



Participant Mileage Reimbursement Request

Month: _____ Year: _____

Participant Name: _____

Address _____ City _____ Zip Code _____

**The program reimbursement is for mileage costs directly related to attending classes. Other mileage is not eligible for reimbursement under this program. Mileage reimbursement is calculated at the rate of \$0.30 per mile after the first 10 miles traveled. There is \$150 monthly maximum and is based on funding availability.

Please complete in ink. You may copy this form. Use the reverse or another sheet if necessary.

Date of Travel	Purpose of Travel	Beginning Mileage	Ending Mileage	Number of Miles Round Trip	First 10 Miles Participant’s Responsibility	Miles to be Reimbursed
					(-10)	
					(-10)	
					(-10)	
					(-10)	
					(-10)	
					(-10)	
					(-10)	
					(-10)	
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					(-10)	
					(-10)	
					(-10)	
					(-10)	
					(-10)	
					(-10)	
					(-10)	
			TOTAL			

I declare that this account of daily mileage traveled on page 1 is directly related to training and is true and accurate. I declare this under penalties of perjury. I understand my mileage can be verified by checking my monthly attendance records.

Participant's Signature _____ Date _____

Authorized By (Couleecap Staff) _____ Date _____

STAFF USE ONLY:

_____ Total Miles x \$.30 (30 cents)/mile _____ total reimbursed	
*Maximum monthly reimbursement = \$150	
Authorized Amount	\$ _____ Code _____
Authorized Amount	\$ _____ Code _____
Authorized Amount	\$ _____ Code _____
Total Authorized:	\$ _____