

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	
Amount Authorized	\$ _____ Code _____
Amount Authorized	\$ _____ Code _____
Amount Authorized	\$ _____ Code _____
Total Authorized:	\$ _____