

**Please round-off
to whole miles.**

Total Mileage. _____
@ .625 per Mile Total _____
Reimbursement _____

- *A. Home Visits
 - B. Food Transport
 - C. Buy Supplies
 - D. Center Visit
 - E. Other (Specify)
- _____

*Note: If a privately
owned vehicle is used to
transport more than one
employee, reimbursement
for mileage is limited to
one employee.*

Employee Signature Date

Supervisor Signature Date

Director Signature Date