## Staff Mileage Reimbursement Form

**Name:** ________________________________  **Vehicle Make:** _____________________  **Registration Number:** _____________________

**Signature:** ________________________________  **Title:** ________________________________  **Date:** ________________________________

**Family/Individual Approval:** ________________________________  **Arc Approval:** ________________________________

<table>
<thead>
<tr>
<th>Date of Trip</th>
<th>From</th>
<th>To</th>
<th>Odometer Reading Beginning/Ending Or Mode of Public Transportation</th>
<th>Name of Individual and Purpose of Travel</th>
<th>Miles</th>
<th>AFC</th>
<th>CSS</th>
<th>AWC</th>
<th>Shared Living</th>
<th>Fundraising</th>
<th>Admin/Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/12/10</td>
<td>Haverhill</td>
<td>Lawrence</td>
<td>67,000-67,023</td>
<td>Shelly C. – Grocery Shopping</td>
<td>23.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>23.00</td>
</tr>
</tbody>
</table>

*Please See Example Above*

*Take total miles and multiply by .45*

*For example, total reimbursement will be: 23x.45=$10.35*

### Total Miles

<table>
<thead>
<tr>
<th>Mileage Reimbursement Rate (Private Vehicle)</th>
<th>AFC</th>
<th>CSS</th>
<th>AWC</th>
<th>Shared Living</th>
<th>Fundraising</th>
<th>Admin/Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.45</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Mileage Reimbursement Amount**

**Public Transportation, Tolls, Parking, Fares, Etc.**

**Total Public Transportation Expenses**

*Please attach all receipts for parking, tolls, public transportation, fare, etc.*

**TOTAL MILEAGE & PUBLIC TRANSPORTATION REIMBURSEMENT**

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**PLEASE REMEMBER TO SUBMIT MILEAGE REPORTS MONTHLY. See Pay Period Schedule for dates.**