



Staff Mileage Reimbursement Form

57 Wingate Street, Suite 301
 Haverhill, MA 01832
 T: 978.373.0552
 F: 978.373.0557
 www.thearcofghn.org

Name: _____ Vehicle Make: _____ Registration Number: _____

Signature: _____ Title: _____ Date: _____

Family/Individual Approval: _____ Arc Approval: _____

Date of Trip	From	To	Odometer Reading Beginning/Ending Or Mode of Public Transportation	Name of Individual and Purpose of Travel	Miles							
					AFC	CSS	AWC	Shared Living	Fund-raising	Admin/Other	Total	
6/12/10	Haverhill	Lawrence	67,000-67,023	Shelly C. – Grocery Shopping	23.00							23.00
<i>Please See Example Above</i>			<i>Take total miles and multiply by .45</i>			<i>For example, total reimbursement will be: 23x.45=\$10.35</i>						
Total Miles												
Mileage Reimbursement Rate (Private Vehicle)					\$0.45	\$0.45	\$0.45	\$0.45	\$0.45	\$0.45	\$0.45	\$0.45
Mileage Reimbursement Amount												
Public Transportation, Tolls, Parking, Fares, Etc.												
Total Public Transportation Expenses												
<i>Please attach all receipts for parking, tolls, public transportation, fare, etc.</i>												
TOTAL MILEAGE & PUBLIC TRANSPORTATION REIMBURSEMENT												

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