



Staff Mileage Reimbursement Form

**PLEASE REMEMBER TO
SUBMIT MILEAGE
REPORTS MONTHLY**

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
6/12/20	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 .52</i>			<i>For example, total reimbursement will be: 23x.52=\$11.96</i>					
Total Miles											
Mileage Reimbursement Rate (Private Vehicle)					\$0.52	\$0.52	\$0.52	\$0.52	\$0.52	\$0.52	\$0.52
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											

Achieve with us.