



# 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
7/1/22	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 .60</i>			<i>For example, total reimbursement will be: 23x .60=\$13.80</i>					
<b>Total Miles</b>											
Mileage Reimbursement Rate (Private Vehicle)					\$0.60	\$0.60	\$0.60	\$0.60	\$0.60	\$0.60	\$0.60
<b>Mileage Reimbursement Amount</b>											
<b>Public Transportation, Tolls, Parking, Fares, Etc.</b>											
<b>Total Public Transportation Expenses</b>											
<i>Please attach all receipts for parking, tolls, public transportation, fare, etc.</i>											
<b>TOTAL MILEAGE &amp; PUBLIC TRANSPORTATION REIMBURSEMENT</b>											

*Achieve with us.*