The Arc
Greater Haverhill–Newburyport

Staff Mileage Reimbursement Form

PLEASE REMEMBER TO SUMBIT MILEAGE REPORTS MONTHLY

Full Staff Name: _____ Full Individual Name: _____

Signature: _____ Title: _____ Date: _____

Family/Individual Approval (AWC ONLY): _____ Arc Approval: _____

Date of Trip	From	To	Odometer Reading Beginning	Odometer Reading Ending	Name of Individual and/or Purpose of Travel	Total Miles	Total Amount
7/1/24	Haverhill	Lawrence	67,000	67,023	Shelly C. – Grocery Shopping	23.00	$16.33
Please See Example Above			***Take total miles and multiply by .71***		***For example, total reimbursement will be: 23x .71=$16.33***		
					PAGE Total Miles		
					Mileage Reimbursement Rate	$0.71	
					GRAND TOTAL Mileage Reimbursement Amount		

☐ **3798 ISS** ☐ **6703 AWC**
☐ **3703 IHS** ☐ **6704 AWC**

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