Welfare-to-Work

Mileage Reimbursement Log

Name:	Case #:
Home Address:	

Date	Time		Starting Address	Ending Address	Total Miles for Trip	Purpose of Trip
	Depart	Arrive				

Reporting Period:	**Total Miles:**

I declare under penalty of perjury that the foregoing is true and correct.

Participant Signature: _____ Date: _____

Approved and Verified by: _____ Date: _____