2018 MILEAGE REIMBURSEMENT FORM

Consumer Directed Personal Assistant Program

EMPLOYEE NAME: CONSUMER NAME:				PAY PERIOD ENDING DATE:			
Date	DRIVING TIME OUT	DRIVING TIME IN	DESTINATION Name & location of Consumer/Store/Doctor Purpose of Travel	MILEAGE BEGIN	MILEAGE END	TOTAL MILES	TOTAL DUE (mileage x.40)
1/1/2013	10:00	10:15	Gerould's Pharmacy - Main Street Elmira, Prescriptions	62005	62015	10	\$4.00
				1			
				1			
				1			
				1			1
				†			†
				1			
				1			
				1			1
TOTAL MILEAGE Carry Miles and Dollar Amounts							
EMPLOYEE SIGNATURE:					DATE		•
CONSUMER (CAREGIVER) SIGNATURE:					DATE		