



Mileage Reimbursement Form

Employee Name: _____

Participant Employer: _____

Managing Party: _____

Mileage Reimbursement Requirements:

- Mileage must be pre-approved on the the community support plan
- Mileage rate will be reimbursed at the rate approved on the plan, not to exceed the current federal reimbursement rate.
- Mileage cannot be reimbursed for the following:
 - Mileage for vacation.
 - Medical Assistance reimbursed mileage for doctor's office visits, physical, occupational or speech therapy.
 - Mileage for taking minors to and from school.

Date	Destination	Total Mileage

Total Mileage: _____

x County Approved Mileage Rate: _____

= Total Mileage Reimbursement: _____

Employee Signature _____

Participant Employer/Managing Party Signature _____