

## PICKAWAY COUNTY JOB & FAMILY SERVICES MILEAGE REIMBURSEMENT FORM

Mileage will be \$5.00/day for up to 50 miles (round-trip)  
Mileage will be \$10.00/day for 50 miles and over (round-trip)

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 CASE MANAGER: \_\_\_\_\_

	DATE	HOURS SPENT	ROUND TRIP MILEAGE
M			
T			
W			
TH			
F			
S			
TOTAL			

TOTAL DAYS OF ATTENDANCE _____ (for the two week period)	
Student Signature _____	Date _____
Classroom Instructor Signature _____ Date _____	
<i>By my signature, I am certifying that the student did attend the days indicated on this form.</i>	

	DATE	HOURS SPENT	ROUND TRIP MILEAGE
M			
T			
W			
TH			
F			
S			
TOTAL			

**MUST BE SUBMITTED  
WITHIN 30 DAYS OF  
FIRST TRAVEL DATE**

RETURN TO:  
 Pickaway Co Job & Family Services  
 JOBS One-Stop  
 1080 US Rt 22 West  
 Circleville OH 43113

**Allow 30 days for reimbursement.**

<b>DO NOT WRITE IN THIS AREA</b>	
# Days incurred expenses _____	Rate per day \$ _____ = Total \$ _____
Approved by WIA Case Manager _____	Date _____
CHECK ONE Adult 480 _____ Dislocated 485 _____	