

REQUEST FOR MILEAGE REIMBURSEMENT
Please Print and Use (Black or Blue) Ink

Date Submitted:

Last Name, First Name:	Job Seeker ID #: (required)
Mailing Address:	Phone Number: _____
	Title: (office use only)

Program: OJT Training Career Services
Instructions: Each line must be complete to be reimbursed

DESTINATION (Home to Training / Work / Job Search)	DATE	BEGINNING ODOMETER	END ODOMETER	TOTAL MILES
GRAND TOTAL				

Attach Confirmed Class Registration (if applicable).

ALL REIMBURSEMENTS WILL BE MAILED. LATE REQUESTS TURNED IN TWO (2) MONTHS AFTER TRAVEL DATE WILL NOT BE ACCEPTED.

I HEREBY CERTIFY BY MY SIGNATURE BELOW THAT THE ABOVE INFORMATION IS TRUE AND IN ACCORDANCE WITH MY SERVICE PLAN. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION MAY BE SUFFICIENT GROUNDS FOR IMMEDIATE TERMINATION FROM THIS PROGRAM AND MAY REQUIRE REPAYMENT OF FUNDS.

CUSTOMER SIGNATURE: _____ **DATE:** _____

Office Use Only Supervisor Approval Signature:	Date:
--	-------

FOR WSL STAFF USE ONLY	
AMOUNT DUE:	<input style="width: 100px; height: 20px;" type="text"/> (# of miles @ \$.50 per mile)