

Mileage Reimbursement Request for FMS

Important Information:

Please review the Mileage Reimbursement Policy and Procedure BEFORE submitting mileage reimbursement for important requirements.

Employee/Driver Name _____

Month _____

Employee # (if applicable) _____

Year _____

Name of Person Receiving Services _____

Participant # _____

1. Please complete one form per month and submit within 2 weeks of the end of the month. If you have more mileage than fits on one page you may submit mutiple pages per month. Please do not put mutiple months on one form.
2. Mileage payments for employees follow the Payroll Calendar and will be processed based on those due dates and payment dates. Mileage payments for non employees will follow our vendor payment schedule.
3. Only include mileage that has been approved in the Spending Plan.
4. All of the information requested on the form must be completed. Forms received without destination details, odometer reading, signatures, dates or service code will be returned back to you
5. The person receiving services **MUST** be in the car for any submitted mileage.
6. Mileage can not be submitted for your commute to and from the person receiving service's home
7. Mileage can not be submitted if you are driving a vehicle that is not yours.

*Directions: Complete each blank on this form, total up your miles and calculate them by the mileage rate that is in the person receiving service's plan, the managing party must sign this form. If you don't know the mileage rate please contact your managing party.

[illegible]

Employee/Driver Signature _____

*by signing this form you agree you have read our mileage policy and all information on this form

Managing Party Signature

Service Code Mileage should be paid from _____

Mains'l Approval Initials

Dept: 503

Page _____ of _____ (fill in if submitting multiple pages)