

# MILEAGE REQUEST

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Case Record #: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ CAO Caseworker: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_

DATE	TOTAL MILES	TOTAL COST	DESCRIPTION: Starting Location to Daycare Location to Ending Location and Return
1	X 0.20=		
2	X 0.20=		
3	X 0.20=		
4	X 0.20=		
5	X 0.20=		
6	X 0.20=		
7	X 0.20=		
8	X 0.20=		
9	X 0.20=		
10	X 0.20=		
11	X 0.20=		
12	X 0.20=		
13	X 0.20=		
14	X 0.20=		
15	X 0.20=		
16	X 0.20=		
17	X 0.20=		
18	X 0.20=		
19	X 0.20=		
20	X 0.20=		
21	X 0.20=		
22	X 0.20=		
TOTAL	X 0.20=		

I, \_\_\_\_\_ (Participant Signature) am requesting 20 cents per mile for: \_\_\_\_\_ use of my own vehicle; \_\_\_\_\_ use of a borrowed vehicle; \_\_\_\_\_ mileage for a volunteer driver