Please complete all the fields and submit weekly to report your mileage. Ensure that you include the exact date of the trip, addresses of beginning and end location, and number of miles. Incomplete forms and/or information could result in delayed processing of your request. Please use one form per client and the form must be signed by the client. Reported mileages may be checked on various mapping software.

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| --- | --- | --- | --- | --- |
| **Monday Date:** |  | | | |
| **Employee Name:** |  | | **Employee Signature** |  | **Date:** |  |
| **Client Name:** |  | | **Client Signature** |  | **Date:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | | **Begin Address** | **End Address** | | | | **Purpose of Trip** | | **Total Miles** |
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|  | | | | | | | | **Total Mileage =** |  |
| **Supervisor’s Signature:** |  | | | **Date:** |  |  | | **Total x $0.40 =** | $ |