

Welfare-to-Work Mileage Reimbursement Log

| Name: | | | | | Case #: | |
|-------------------|--------|--------|------------------|----------------|----------------------|-----------------|
| Home Address: | | | | | | |
| Date | Time | | Starting Address | Ending Address | Total Miles for Trip | Purpose of Trip |
| | Depart | Arrive | | | | |
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| Reporting Period: | | | | | Total Miles: | |

I declare under penalty of perjury that the foregoing is true and correct.

Participant Signature: _____ Date: _____

Approved and Verified by: _____ Date: _____