Staff Mileage Form

Name _____ Month _____

Date	Destination		Purpose for Trip	Total Mileage
	From	To		
			Total Miles	

☐ I have proof of auto insurance on file with Wisconsin Youth Company.
☐ I have a current, valid driver's license on file from state of: _____ with Wisconsin Youth Company.

I certify that this statement and the amounts claimed are true, correct, and complete to the best of my knowledge.

Signature _____

Administrative Use Only

Total Reimbursed Miles _____@72.5¢ Total Reimbursement $ _____

Approved by _____ Date _____