Staff Mileage Form

A. Total trip mileage

B. One-way mileage from home to regular work site

C. Subtract: A – B = C (reimbursed mileage)

Name _____ Month _____

Date	Destination			Purpose for Trip	A. Total Mileage	B. Mileage from home	C. Reimbursed Mileage
	From	To	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. Payment for the amount claimed has not been received. I understand requests for reimbursement submitted 3 months beyond the date expenses were incurred will not granted.

Signature _____

Administrative Use Only

C. Total Reimbursed Miles _____@.48 Total Reimbursement $ _____

Approved by _____ Date _____