Mileage Reimbursement Form

ACI Support Specialists, Inc.

Employee: _____ Mileage Cap: _____

Consumer: _____ Period Ending: _____

Date	Destination	Purpose	Odometer To	Odometer Return	Total
				Total:	
				Total Approved:	
					x 0.30
				Amount Due:	

_____
Employee Signature/Date

_____
Supervisor Signature/Date

Mileage reimbursement may not exceed the amount authorized for each employee as determined by the services provided. All mileage reported for reimbursement must be related to consumer training or purposes related to performing one's assigned job duties. This form must be completed accurately in order for reimbursement to be made.

ACI II.14A