

**SOUTH CENTRAL WDC
TRAVEL APPLICATION FOR MILEAGE REIMBURSEMENT**

Training Component: _____ Total Contract Period: _____ to _____

Date: _____ Name: _____ SSN: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Program: _____

Justification for Mileage Reimbursement:

Projection of Cost:

Dates of Training Mileage Paid: From _____ to _____ = _____ Total Training Days

Total Miles Per Day of Training Attendance Allowed: _____

_____ Miles Per Day @ \$_____ Per Mile = \$_____ *Maximum Daily Amount Payable

Total Training Days _____ X Miles/Day _____ X \$_____ Per Mile = \$_____ Total Contract Amount Payable

*Daily amount not to exceed maximum daily amount payable.

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"I understand mileage reimbursement will be paid only after the travel has occurred. Payment will be monitored by time sheet attendance and be paid according to specifications and limitations of above stated information."

Participant Signature	Date	Case Manager Signature	Date

Travel is: _____ Approved _____ Disapproved If disapproved, reason: _____

Supervisor Signature: _____ Date: _____