

Mileage Reimbursement Form

ACI Support Specialists, Inc.

Employee: _____

Mileage Cap: _____

QP Name: _____

Period Ending: _____

Consumer: _____

Date	Destination	Purpose	Odometer To	Odometer Return	Total

Total:	_____
Total Approved:	_____
	x 0.30
Amount Due:	_____

Employee Signature

Supervisor Signature

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.