



### EMPLOY MILWAUKEE PARTICIPANT TRANSPORTATION EXPENSE REIMBURSEMENT REQUEST AND MILEAGE LOG

Participant Name: \_\_\_\_\_ ASSET PIN: \_\_\_\_\_

Service Participating In: \_\_\_\_\_

For the Month of: \_\_\_\_\_ Year: \_\_\_\_\_

<b>TRANSPORTATION</b>							
Mileage on attached log: _____ X ½ of the IRS standard rate: _____ = \$ _____ (See <a href="#">IRS Standard Mileage Rate</a> )							
<b>Parking - Attach receipt for each parking expense</b>							
Date	Amount	Date	Amount	Date	Amount	Date	Amount
1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24		Parking Permit	
Parking Total: \$ _____							
Transportation Total: \$ _____							

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Career Planner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employ Milwaukee is an Equal Opportunity employer and service provider. If you need this information or printed material in an alternate format, or in different language, at no cost to you, please contact us at (414)-270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 7-1-1.



### EMPLOY MILWAUKEE PARTICIPANT TRANSPORTATION EXPENSE REIMBURSEMENT REQUEST AND MILEAGE LOG

Participant Name: \_\_\_\_\_

ASSET PIN: \_\_\_\_\_

Mileage for the month of: \_\_\_\_\_

Year: \_\_\_\_\_

Day	Date	Destination	# of Miles
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

NOTE: You must submit this reimbursement request and any receipts no later than 10 business days from the last expense date identified on this form.

NOTE: A Monthly Attendance Record MUST be submitted for each month you submit a Mileage or Parking Reimbursement request.

**Total # of Miles:** \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Career Planner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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