Lifeworks
A nonprofit serving people with disabilities

REIMBURSEMENT REQUEST - MILEAGE

Notes:

- Reimbursement Requests are due Mondays by 4:00 p.m.
- Lifeworks can only reimburse expenses up to 10 months past date of travel.
- Submit Monthly

Mail: Lifeworks Services, Inc.
2965 Lone Oak Drive, Suite 160
Eagan, MN 55121

Or FAX: 651-454-2773

Lifeworks Coordinator: _____ Month _____

Client Name: _____
Please Issue Check to: _____
Mail Check to: (Address) _____

Date	Mileage description (destination to and from)	Miles	
Mileage Total:	Mileage Rate: $_____ (rate **X** total miles = $ Amount)	Total miles	Total Reimbursed

TRANSPORTATION DISCLAIMER: I certify that the above transportation miles are accurate, I have a valid driver's license and that I carry the minimum insurance coverage as required by the State of Minnesota on your vehicle(s) used for all claimed mileage. Statutory Insurance Requirements: Lifeworks recommends that all employees have liability limits of $100,000 per person, $300,000 per occurrence, $50,000 per vehicle/property or a combined single limit of $300,000.

Driver signature (required): _____ Date: _____

Support Manager Signature (required): _____ Date: _____

This information can be made available
in an alternate format upon request.
Our TTY phone number is 651-365-3736.
Equal Opportunity Employer.
06/24/2011

FOR OFFICE USE ONLY
APPROVED: _____
DATE: _____