Lifeworks
A nonprofit serving people with disabilities

REIMBURSEMENT REQUEST

INSTRUCTIONS:

- **Lifeworks will not accept any receipts or mileage reimbursement dated after 10 months from the date of purchase or date of travel.**
- Reimbursement Requests are due Mondays by 4:00 p.m.
- Please mail or fax to Lifeworks following support manager approval. Signatures required.
- Itemize each expense and attach supporting receipts.
- Only include items and mileage for one month (example: January only).
- Include destination, city, and total mileage for transportation reimbursement.
- **All drivers must read and sign the transportation disclaimer below.**

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

Or FAX: 651-454-2773

Lifeworks Coordinator: _____

Client Name: _____
Expenses for the Month of (please fill in one month only):_____
Please Issue Check to: _____
Mail Check to: (Address) _____

Receipt #	Date	Description of Service/Mileage Destination	Mileage	Cost

Total Mileage _____ x Mileage Rate _____ ¢ per mile = Mileage Expense _____
(Approved rate) Other Expense _____

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: _____ Date: _____

Approved by: _____ Date: _____
Support Manager Signature

This information can be made available
in an alternate format upon request.
Our TTY phone number is 651-365-3736.
Equal Opportunity Employer.
7/1/2010

FOR OFFICE USE ONLY
APPROVED: _____
DATE: _____
TOTAL: _____