

**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.                      **FAX:** 651-454-2773                      **Email:** reimbursements@lifeworks.org  
 2965 Lone Oak Drive, Suite 160  
 Eagan, MN 55121

**Lifeworks Coordinator:** \_\_\_\_\_ Month \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Please Issue Check to:** \_\_\_\_\_

**Mail Check to: (Address)** \_\_\_\_\_

Date	Mileage description (destination to and from)	Miles	
<b>Mileage Total:</b>	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: \_\_\_\_\_

<p><b>FOR OFFICE USE ONLY</b>          APPROVED: _____          DATE: _____</p>
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