Lifeworks Services, Inc. Reimbursement Request - MILEAGE

- Completed reimbursement requests are due by **Monday at 4:00 p.m**. to be paid on Friday of that that same week.
- If past 4:00 p.m. the request will be processed for payment the following week.
- Mileage reimbursement can only be submitted for miles driven while providing client support
- Reimbursement requests must be submitted within 90 days of the date of travel.

Lifeworks Coordinator: _____ **Month:** _____
(Only **ONE** month per reimbursement form)

Participant Name/ID: _____

Please Issue Check to: _____

Mail Check to (Address): _____

Date:	Mileage Destination (To – From):	Miles:	Office Use Only:
		0	
	Mileage Total: Mileage Rate: $_____ (rate **X** total miles = $ Amount)	Total Miles	Total Reimbursed

To avoid a delay in payment, check the boxes below to verify the information below

☐ There are enough funds in the budget to process this request

☐ The form is signed and dated by the Employee and Support Manager

Driver Signature (Required) _____ **Date:** _____

Support Manager Signature (Required) _____ **Date:** _____

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.

FOR OFFICE USE ONLY: **Amount:** _____ **Approved:** _____

Amount: _____ **Approved:** _____

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

FAX: 651-454-2773
Email: reimbursements@lifeworks.org

This information can be made available in an alternate format upon request. Our TTY phone number is 651-365-3736. Equal Opportunity Employer. Updated 10/15/19