

Lifeworks Services, Inc. Reimbursement Request - MILEAGE

- Completed reimbursement requests are due by **Friday at 5:00 p.m.** to be paid on Friday of the following week.
- If past 5:00 p.m. the request will not 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 10 months 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:
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:** _____

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