

Lifeworks Services, Inc. Reimbursement Request – MILEAGE Personal Support and Respite

- Completed reimbursement requests are due by **Friday at 5 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
- Lifeworks can only reimburse expenses up to 10 months past the date of travel.

Lifeworks Coordinator: _____

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

Client 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

Employee 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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Mail: Lifeworks Services, Inc.
 6636 Cedar Ave S, Suite 250
 Richfield, MN 55423

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