



Lifeworks Services, Inc. Mileage Reimbursement Request – 245D Basic Services

- Completed reimbursement requests are due by **Wednesday at 5:00 pm** to be paid on Friday of the following week.
- If past 5:00 pm, or missing the required documentation and/or signatures, the request will **NOT** be processed for payment the following week.
- Mileage reimbursement can only be submitted for miles driven while providing client support, within the state of Minnesota.
- Lifeworks can only reimburse mileage requests up to 90 days past the date of travel.

Lifeworks Coordinator: _____ Month: _____ (ONE month per request form)

Client Name/ID: _____ Support Manager: _____

Please Issue Check to: _____

Mail Check to (Address): _____

Date:	Address From:	Address to:	Miles:
EX: 8/15/2025	6636 Cedar Ave S, Richfield, MN, 55423	14655 Evendale Way, Apple Valley, MN, 55124	12.5

Mileage Rate X Total Miles = Total Reimbursed	Mileage Rate: _____ per mile	Total Miles: _____	Total Reimbursed: _____
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To avoid a delay in payment, check the boxes below to verify the information below :

☐ The form is signed and dated by the Driver **AND** the 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.

LIFEWORKS.ORG

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Lifeworks Services, Inc. is a 501(c)(3) private, nonprofit organization and an equal opportunity employer. This information can be provided in an alternative format upon request.