CDS Lakeshore Head Start Mileage Reimbursement Form

Employee Name: Reimbursement Rates: 2021: \$0.56 per mile									
Date	Beginning Location	Ending Location	Mileage	√ Round Trip	Total Mileage	Explain Purpose			
						Meeting	Home Visit	Center	Other
Please Do	cument Training Mile	eage Below (Mileage	is only for	Outside Tra	ining for whi	ch you pre-register	and have superviso	r permission)	
	Grand Total M	lileage:							
Employe	e Signature:			Superviso	r Signature:			_Date:	