

## **Monthly Mileage Report**

Please sumit one (1) mileage report for one (1) month per payee. Mileage for different Service Agreement years must be listed on a different forms. Parents of minors cannot receive mileage reimbursement. This form is **ONLY** to be used to claim reimbursement for miles within Minnesota. Please claim parking on a Monthly Expense Report form.

Person Claiming Mileage:

Participant:

Service Coordinator:

Date	# of Miles	Start Address	End Address	Reason		
Total # of Miles						
Mileage Rate	\$	-				
Total Amount	\$	Amount is paid to person claiming mileage.				

By approving this mileage, I verify that the Worker has proper insurance and a valid drivers license.

Representative Signature

Date

For office use only.								
Date	# of Miles	Mileage Rate	Total	Procedure Code	Approved			

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