West CAP Skills Enhancement Program
PO Box 308 – 525 2nd Street
Glenwood City, WI 54013
Phone: 800.606.9227 x 1314 Fax 715.265.7031

Participant Name_____ **For: Month _____ Year _____**

Address: _____

This form is to be used for reimbursement of mileage costs incurred while you are involved in contracted activities.

This form must be completed in ink.

Date	Purpose of Travel	From - To	Round Trip Miles

Total Miles_____

I declare that this account of daily mileage traveled is true under penalties of perjury. I understand that my mileage will be verified by checking my monthly attendance records. Mileage is reimbursed at $.25/mile for transportation costs to and from school. There is a maximum of $150/ month for mileage reimbursement.

Participant's signature _____ Date_____

Authorized by _____ Date_____

Total $_____Code_____