Rochester Works!

# Mileage Reimbursement Form - Training

Please use this form to track your training related activities for the month. Additional copies can be made as needed or downloaded from www.rochesterworks.org. If you are requesting transportation costs to and from your training program, please submit this form with your Supportive Services Claim Form. Please make sure that you document activities throughout the month (only one form per month may be submitted). Dates of travel to and from training should match days in training on the attendance section of the Supportive Service Claim Form. Mileage should include the total round trip mileage from your residence to school and back for each each day you attended training or participated in a training related activity. Activities may also include training related field work, internships, clinical experiences, etc.,

**Name**______________________________ **Member #**________________ **Timeframe of Report**________________________

| Date | Activity (i.e., Training, internship, clinical, fieldwork, etc, | Location | Roundtrip Miles |
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| | | TOTAL MILES | 0 |
| | | TOTAL MILES * 55.5 cents/MILE | 0.550 |
| | | TOTALS $ | - |

**Customer Signature**____________________________________________

**Mailing Address**____________________________________________________________________________________