

Mileage Reimbursement (Form C)

Rev 11-15

Name: _____ SSN/I.D#: _____

Date	Complete Start Address	Complete Destination Address	*Trip Purpose	Total Miles
Sample 6/15/15	400 Main Street ,Norwich	Walmart 220 Salem Tpke Norwich	Work	Calculated by ECTC

***Trip Purpose: Interview, work, training, childcare. Fax form to (860) 859-5796**

I attest all of the above information is true: _____
 Signature (Client) Date

_____ Signature (Caseworker) Date

Pay stub Received TANF Special Benefits

(FOR ECTC OFFICE USE ONLY) **Source: JFES WIA-A WIA-D WIA-Y OTHER**

_____ x _____ = _____
Total miles **Reimbursement Cost**

Days transported: _____

Trip Breakdown:

Work	
Interview	
Training	
Childcare	