Financial Management Services
P.O. Box 509, East Windsor, CT 06088-0509
Phone: (860) 627-9500 – Toll Free (866) 275-1358
Fax: (860) 627-0330 – Toll Free (866) 598-2ACR(2227)

REQUEST FOR MILEAGE REIMBURSEMENT

☐ **Transporting consumer in vehicle.**

☐ **Other transportation services.**

Employee Name:_____

Consumer Name:_____

Date of Travel	Purpose of Trip	Start Destination/Town	Towns Traveled	End Destination/Town	Total Mileage for Day

Make check payable to:	**TOTAL MILEAGE:**
Mailing Address:	

***By signing below, I certify that the mileage recorded on this mileage reimbursement form were incurred for transportation provided to the consumer.**

Employee Name (Printed) **Employee Signature** **Date:**

***By signing below, I certify that the consumer received transportation services recorded on this mileage reimbursement form.**

Client/Representative Name (Printed) **Client/Representative Signature** **Date:**