

**SOUTH CENTRAL WORKFORCE  
TRAVEL APPLICATION FOR MILEAGE REIMBURSEMENT**

Training Component: \_\_\_\_\_ Total Contract Period: \_\_\_\_\_ to \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Program: \_\_\_\_\_

Justification for Mileage Reimbursement:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Projection of Cost:

Dates of Training Mileage Paid: From \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Total Training Days

\_\_\_\_\_ Miles Per Day @ \$\_\_\_\_\_ Per Mile = \$\_\_\_\_\_ \*Maximum Daily Amount Payable

Total Training Days \_\_\_\_\_ X Miles/Day \_\_\_\_\_ X \$\_\_\_\_\_ Per Mile = \$\_\_\_\_\_ Total Contract Amount Payable

\*Daily amount not to exceed maximum daily amount payable.

**"I understand mileage reimbursement will be paid only after the travel has occurred.  
 Payment will be monitored by time sheet attendance and be paid according to  
 specifications and limitations of above stated information."**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_ Case Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Travel is: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved If disapproved, reason: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_