VALLEY SENIOR SERVICES
2021 MILEAGE & MEAL REIMBURSEMENT

Name **Month** **Year**

Date	Type (A/O/M)*	Trip Description	Start Mileage	End Mileage	Total Miles

Total miles _____

Total miles x .56 reimbursement _____

Other expenses (attach receipts) _____

TOTAL REIMBURSEMENT CLAIMED _____

Approved by:_____ County 14 15 16 17 18 19 20 21

I certify as to the correctness of this report:_____

Meal reimbursement paid thru payroll (only allowed if travel is for four hours or more)

Date	Type (A/O/M)*	Trip Description	Start Time	End Time	Amount

*** Type : A = Adminstration O = Outreach M = Meal Delivery**