



# MILEAGE REIMBURSEMENT FORM



**Instructions:**

TRIO will reimburse the cost of driving to purchase replacement foods. Complete this reimbursement request form and send the top copy to the production kitchen by your driver; keep the middle copy at the center; and send the bottom copy to the Area Agency on Aging with your weekly meal tickets.

**Center:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

**Return Mileage Reading:** \_\_\_\_\_

**Departure Mileage Reading:** \_\_\_\_\_

**Total Miles Driven:** \_\_\_\_\_

**Reimbursement Type:** Cash  Check

**If Check, Make Check Payable To:** \_\_\_\_\_

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

*If this is the 1<sup>st</sup> time you have been paid via check from TRIO, please attach a copy of your completed W-9 to be set up in our system.*

\_\_\_\_\_  
**Signature of Center Manager**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Date**