



TRAVEL REIMBURSEMENT FOR MINI CENTER INSTRUCTORS

For the Period _____ to _____ 20_____

Authorization Number _____

County _____

Day of Month	Mileage or Cost
1	
2	
3	
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10	
11	
12	
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31	

Mini Center Instructor's Name _____ (Print or Type)

Social Security No. (Last 4 Digits Only) _____

Address _____

City _____ State _____

Zip Code _____

Miles Driven _____ at \$ _____ Reimbursement Total: \$ _____

Non-mileage Reimbursement

Under penalties of perjury I certify this to be a true and accurate statement of vehicle mileage and/or an accurate representation of non-mileage actual costs incurred.

Signature of Mini Center Instructor _____ Date _____

Counselor Initials _____ Date _____

Payment Start Date _____ Payment End Date / Invoice Date _____

Consumer _____

Original and Copy to Business Affairs and Copy to Counselor.
 Business Affairs Mails Copy to Mini Center Instructor with Check.