Lifeworks Services, Inc. Reimbursement Request - MILEAGE

- Completed reimbursement requests are due by Friday at 5:00 p.m. to be paid on Friday of the following week.
- ➤ If past 5:00 p.m. the request will not be processed for payment the following week.Mileage
- > reimbursement can only be submitted for miles driven while providing client support
- > Reimbursement requests must be submitted within 10 months of the date of travel.

Lifeworks Coordinator:			(Only ONE month per reimbursement form)		
Particip	pant Name/ID:				
Plea	se Issue Check to:				
Mail	Check to (Address):				
Date:	Milea	ige Destination (To - Fr	om):	Miles:	Office Use Only:
		Mileage Total: Mileage	Pato: ¢		
		(rate X total miles = \$ A		Total Miles	Total Reimbursed
	To avoid a delay in pa	ayment, check the boxe	s below to verify the	e information b	elow
		are enough funds in the b			
	☐ The fo	orm is signed and dated by	and dated by the Employee and Support Manager		
Ĺ					
Driver Signat	ure (Required)		Date:		_
Support Mana	ager Signature (Required	l)	Dat	te:	
insurance covera	ge as required by the State of N t all employees have liability lim	at the above transportation miles Minnesota on your vehicle(s) used nits of \$100,000 per person, \$300	for all claimed mileage. Sta	ntutory Insurance Requ	uirements: Lifeworks
	FOR OFFICE USE ONLY:	Amount:	Approved:		
		Amount:	Approved:		
Mail:	Lifeworks Services, Inc.		FAX: 6	51-454-2773	

Mail: Lifeworks Services, Inc. 2965 Lone Oak Drive, Suite 160 Eagan, MN 55121

Email: reimbursements@lifeworks.org