Child Start incorporated
CHILD AND FAMILY SERVICES

MILEAGE REIMBURSEMENT & EXPENSE REPORT

PLEASE COMPLETE CONTACT INFORMATION ON REVERSE SIDE

	DATE	FROM Location Name & Full Address	TO Location Name & Full Address	Training Code	Reason for Trip & Name of Passenger If Any	Total # of Miles	Parking/ Toll	Fiscal Use Only
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
					Totals			
					Mileage Rate			
					Total Dollar Amount			
					Total Training Mileage/ Amount			

Fiscal Use Only

Mileage adjusted to match: ❑ **FI11 Mileage Chart** ❑ **miles as calculated by MapQuest**

❑ **Mileage Rounded to the nearest whole mile: .5 rounded to 1.0 under .5 rounded to 0**

❑ **#____ Disallowed. Outside 60 day window for reimbursement from date of expense**

❑ **Returned for more information** ❑ **Returned for receipt clarification**

❑ **Forwarded for Authorization(s)**

INSTRUCTION TO COMPLETE THIS FORM:

Purpose: Reimburse employees for approved/allowable expenses. The back of this form is use to receive reimbursement of mileage. Use this for both work-related reimbursement & mileage expense.

When/ How: Obtain supervisor's approval, fill in all boxes. Attach original receipts only. Write the date, a brief description and the amount of the item purchased. For mileage, write down date, location, reason for trip, odometer reading, total miles and parking or toll.

EMPLOYEE NAME	EMPLOYEE I. D.	PERIOD COVERED
POSITION		DEPARTMENT/ SITE
HOME ADDRESS		

DETAILS OF MISCELLANEOUS EXPENSES

Category (Check all that apply):

❑ Family Fun Event ❑ Food for Classroom Meals ❑ Food for Nutrition Projects ❑ Parent Socialization Supplies ❑ Program Supplies ❑ Mileage

❑ Office Supplies ❑ Outreach/ Public Relations ❑ Postage ❑ Training/ Textbooks ❑ Other_____

DATE	*VENDOR NAME(S) OF PERSON (S)/COMPANY*	*TRAINING CODE*	*PURPOSE / DESCRIPTION*	*AMOUNT*	Fiscal Use Only
			TOTAL MISCELLANEOUS EXPENSES		
			TOTAL MILEAGE EXPENSES (Back Page)		
			TOTAL CHECK REQUIRED		

This certifies that the information contained in this Expense Report is true and correct and in compliance with CSI policies and procedures.

Employee	Supervisor/ Dept. Head
Date Received	Regional Program Manager
Human Resources (Req. for Training Items)	Family Services/ Community Partnerships Specialist (Req. for Family Fun Event Items)

FISCAL DEPARTMENT USE ONLY			
GL CODING	FUND SOURCE	DEPT.	AMOUNT