Le Jardin Community Center, Inc.

Mileage Reimbursement Request

Pay To: _____

Dept : (Please check all that apply)
□ HS Delegate □ VPK □ USDA
□ EHS Grantee 1 □ EHS Grantee 2
□ EHS Grantee 3 □ Children's Trust

Vehicle: _____

Tag # Year Make / Model

Date of Travel	Speedometer Reading		Total Miles	Parking & Tolls	Destination & Purpose
	Beginning	Ending			
		Sub Totals			
		_____ Miles @ $_____ Per Mile =			
		Total Reimbursement Requested			

_____
Approved by (Managers Signature)

I Hereby Certify that this travel voucher submitted by me in the total amount of $_____, covering automobile mileage, constitutes actual expenses inccured in traveling on business for Le Jardin Community Center, Inc., authorized under and pursuant to current Policies & Procedures.

_____
Signature of Employee

ALL Mileage Reimbursements MUST Include: ☐ This completed form, ☐ Map print out (to & from) showing actual route taken, ☐ Notice to attend, □ Agenda or proof of attendance, ☐ Tolls or Parking receipts if applicable.

The Following items also are needed ☐ Up to date Florida Insurance Card & ☐ Up to date Florida Driver's License