MILEAGE REPORT

CCP Self Directed Services

1885 University Avenue, Suite 398
St. Paul, MN 55104
(Phone) 651-209-3350 (Fax) 651-641-8623
(Toll Free) 1-877-917-2404 (Toll Free Fax) 1-877-730-9701

EMPLOYEE NAME: _____

CONSUMER NAME: _____

Report Dates: START _____ END: _____

Date	Reason/Destinations	Total Miles

Total Miles: _____

Managing Party's Signature:_____ Date:_____

$0.____ per mile

Employee's Signature:_____ Date: _____ Total: $_____

**** A copy of employee's VALID DRIVER'S LICENSE and PROOF OF INSURANCE must be submitted <u>at least once</u>. If you've already included these documents, we will not need them again until either is RENEWED. If these current documents are not on file, we will be unable to reimburse for mileage.**

Please submit Mileage Report monthly

Make Check Payable to: _____

Mail Check to: _____

_____

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