

# Mileage Reimbursement (Form C)

Rev 3-18

Name: \_\_\_\_\_

SSN/I.D#: \_\_\_\_\_

Date	Complete Start Address	Complete Destination Address	*Trip Purpose	Total Miles
Sample 6/15/15	400 Main Street ,Norwich	Walmart 220 Salem Tpke Norwich	Work	Calculated by ECTC

\*Trip Purpose: Interview, work, training, childcare.

Fax form to (860) 848-5917

I attest all of the above information is true: \_\_\_\_\_  
Signature (Client) Date

\_\_\_\_\_  
Signature (Caseworker) Date

Pay stub Received

TANF Special Benefits

**(FOR ECTC OFFICE USE ONLY)**

Source: JFES WIA-A WIA-D WIA-Y OTHER

\_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
Total miles Reimbursement Cost

Days transported: \_\_\_\_\_

**Trip Breakdown:**

Work	
Interview	
Training	
Childcare	