



For people with intellectual
and developmental disabilities

AGENCY WITH CHOICE

Mileage Reimbursement Sheet

www.thearcoffranklinfultoncounties.com

Franklin & Fulton Counties
2314 Philadelphia Avenue
Chambersburg, PA 17202
Main Line: 717-264-4390
Fax: 717-264-4390

Name of Employee: _____

Name of Consumer: _____

Pay Period: ___/___/___ to ___/___/___

	Date	Leave Time	Arrival Time	Odometer Out	Odometer In	Total Mileage	Departure Point	Return Point	Destinations: All Places Visited	Managing Employer Sign
1		:	:							
2		:	:							
3		:	:							
4		:	:							
5		:	:							
6		:	:							
7		:	:							
8		:	:							
9		:	:							
10		:	:							
11		:	:							
12		:	:							
13		:	:							
14		:	:							
Total Miles						x \$-.57				

My signature certifies that I received/provided a service on the date(s) listed above. I understand that payment for these services will be from federal and state funds, and that any false claims, statements, documents, or concealment of material facts may be prosecuted under Federal and State Laws.

Signature of Employee: _____

Date _____

The completed form must be returned to The Arc by mail or by fax according to the bi-weekly payroll schedule. (Some exceptions may apply: holidays.) Paychecks will be available based on the Payroll schedule. If you have questions or concerns, please contact The Arc office