Spectrum Society for Community Living

Mileage Claim Form

Use of personal vehicles must be approved in advance by the manager. Please refer to Personnel Policies 4(d) and 25 for more information.

Name	
Program / Dept.	

Date	# of kms.	Destination	**Person supported (initials)**

Total km.

X rate $ 0.65/km

Total claim _____

Date submitted	
Approved	