

### REIMBURSEMENT REQUEST FOR TRANSPORTATION-RELATED EXPENSES

Date: \_\_\_\_\_

Customer's Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Worker Name: \_\_\_\_\_ WKR #: \_\_\_\_\_

Telephone: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: CalWORKs Employment Services Program  
\_\_\_\_\_  
\_\_\_\_\_

The "Reimbursement Request for Transportation-Related Expenses" must be completed and submitted by the 5th of the month.

#### REIMBURSEMENT REQUEST FOR THE MONTH OF \_\_\_\_\_

- Request for:
- Mileage, I have a valid driver's license and current car insurance.
  - Parking Fees (original receipts enclosed)
  - Car Pool Fees (original receipts enclosed)

How many miles did you travel during the month in order to participate in your approved CWES activity or go to work?  
\_\_\_\_\_ (from the back of this form).

If you had a change of address, child-care provider, activity, work location, vehicle insurance, or driver's license since your approval for transportation-related expenses, and you have not reported the change, please notify your CWES Worker immediately. It is important that information be up to date as it might affect your payment calculation.

PLEASE COMPLETE THE BACK OF THIS FORM, THIS INFORMATION IS NEEDED IN ORDER TO CALCULATE YOUR MILEAGE REIMBURSEMENT PAYMENT.

#### CERTIFICATION

I am requesting reimbursement for transportation-related expenses that are not provided by any other source. I do not claim transportation-related expenses as a business expense deduction. I must pay back any transportation payments that I am not entitled to receive. I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this request is true and correct.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

FOR COUNTY USE ONLY	
Date Received: _____ Total Miles for the Month: _____ Multiplied by Current Rate: _____ Minus Advanced Payment: _____ Total Reimbursed: _____ Date Reimbursement Approved: _____	<input type="checkbox"/> Copy of valid driver's license and current car insurance <input type="checkbox"/> Copies of receipts CWES Worker Number: _____ CWES Worker initials: _____

List the locations such as home, child-care provider, school, work, and number of miles you traveled.

Date:	From:	To:	Includes Stop at Child Care Provider(s)	Daily Total Miles:
<i>Example 08/28/</i>	<i>Home</i>	<i>Work</i>	✓	<i>14 Miles</i>
<b>MONTH'S TOTAL MILES</b>				

If you need additional space, feel free to copy this form or attach your own.

If the miles you travel are always the same, the following is an optional tool to assist you in calculating your daily mileage, based on "Yahoo Maps" or another mileage calculator. If you need assistance, please contact your CWES Worker.

Miles from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_  
 Miles from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_  
 Miles from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_  
 Miles from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_

Example: Miles from home/123 Happy Lane, S.J. \_\_\_\_\_ to child care provider/456 Fun Dr., S. J. \_\_\_\_\_ = 3 \_\_\_\_\_  
 Miles from child care provider \_\_\_\_\_ to work/759 Success, S. J. \_\_\_\_\_ = 4 \_\_\_\_\_  
 One Way Total Miles = 7 \_\_\_\_\_