

NAME: _____ CASE RECORD # _____ CSLD# _____

VERIFICATION OF MILEAGE COSTS

During the month of _____, I drove a total of _____ miles. The number of miles driven and amounts of pay are listed below.

For the week of _____ thru _____:
A total of _____ miles for
a total of \$ _____

For the week of _____ thru _____:
A total of _____ miles for
a total of \$ _____

For the week of _____ thru _____:
A total of _____ miles for
a total of \$ _____

For the week of _____ thru _____:
A total of _____ miles for
a total of \$ _____

For the week of _____ thru _____:
A total of _____ miles for
a total of \$ _____

Signed,

Date: _____

If someone, other than yourself, provides you with transportation (such as loaning you a car or giving you rides) they must complete below:

NAME: _____
SOC. SEC. # _____ PHONE # _____
ADDRESS _____