



MILEAGE REIMBURSEMENT FORM



Instructions:

TRIO will reimburse the cost of driving to purchase replacement foods. Complete this reimbursement request form and send the top copy to the production kitchen by your driver; keep the middle copy at the center; and send the bottom copy to the Area Agency on Aging with your weekly meal tickets.

Center: _____

Destination: _____

Date: _____

Purpose: _____

Return Mileage Reading: _____

Departure Mileage Reading: _____

Total Miles Driven: _____

Reimbursement Type: Cash ☐ Check ☐

If Check, Make Check Payable To: _____

Address: _____

If this is the 1st time you have been paid via check from TRIO, please attach a copy of your completed W-9 to be set up in our system.

Signature of Center Manager

____/____/_____
Date