The Arc of Chester County

AWC MILEAGE SHEET

DEPT: AWC 800 CODE: 01-5503-08

DRIVER''S NAME _____ Participant's Name: _____

DATE/TIME	FROM: address	TO: address	TOTAL MILES	PURPOSE

GRAND TOTAL MILES _____

REIMBURSEMENT RATE 0.560

TOTAL REIMBURSEMENT Grand Total $_____

I Certify that all expenses on this form are business expenses related to The Arc of Chester County and not personal expenses unrelated to the business of The Arc of Chester County.

DRIVER'S SIGNATURE _____

MANAGING EMPLOYER'S SIGNATURE _____

PROGRAM DIRECTOR'S SIGNATURE _____

rev. 7/1/13