

MILEAGE RECORD FOR WTW ACTIVITIES

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|----------------------------|-------------------------------------|
| Participant: | WTW Activity 1: Address: |
| Case Number: | WTW Activity 2: Address: |
| WTW Social Service Worker: | WTW Activity 3: Address: |
| Home Address: | Child Care Address (if applicable): |

Please complete this form and return it to your Social Service Worker at the beginning of each month. Please allow an additional five (5) days for the Social Service Worker to verify and process your request.

| Date | Where Traveled | | Check Box for Round Trip | Check Box for Child Care |
|------|----------------|----|--------------------------|--------------------------|
| | From | To | | |
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I declare under the penalty of perjury that the above listed statements, to the best of my knowledge and belief, are true. I understand it is my responsibility to notify my Social Service Worker immediately if there are changes in my work hours per week and/or expenses. I understand my Social Service Worker may ask for written verification of my employment and may verify my odometer at any time.

I also understand that if I choose to use my own automobile, I will be paid at the rate of \$0.27 per mile or the public transportation rate, whichever is less. The rate of \$0.27 per mile covers all operating costs, including: gasoline, oil, and other maintenance needs. **Mileage is verified via Google Maps or Map Quest.**

Participant

Date

Social Service Worker

Date

