



12600 Whitewater Drive, Suite 100, Minnetonka, MN 55343  
952-935-3515 · 952-855-8349 Fax

### Mileage Reimbursement Request

Staff Name: \_\_\_\_\_ Staff Phone Number: \_\_\_\_\_

Client Name: \_\_\_\_\_

Managing Party Name: \_\_\_\_\_

- Please complete this form in it's entirety for mileage reimbursement.
- CCI can only reimburse for mileage that is in the County approved plan.
- Please note mileage cannot be paid for the following:
  - Medical Assistance reimbursed mileage for doctor's visits, speech, occupational therapy or physical therapy.
  - Mileage related to/from school for minor children.
  - Mileage for vacation.

Date	Destination	Total Mileage
Total Mileage		

\_\_\_\_\_ X \_\_\_\_\_ per mile = \$ \_\_\_\_\_  
 Total Mileage County Approved Mileage Rate Total Mileage Reimbursement

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Managing Party Approval/Signature: \_\_\_\_\_ Date: \_\_\_\_\_