UCPSA Mileage Form for Administrative Staff and Direct Care Staff Transporting Consumers

Employee Name: _____ Week of: _____ Employee Home address:_____

Use this section to record only those miles accrued while transporting a consumer. Claims for mileage are due weekly by Sunday, no later than 11:59 p.m.

- ☐ I have the permission of my supervisor to transport this consumer and to run the errands or take the outings listed below.
- ☐ I have a current valid driver's license, and a copy of it is on file with UCPSA.
- ☐ I have current car insurance on the vehicle used to transport, and proof of the insurance coverage is on file with UCPSA.
- ☐ I have a current 5-year MVD report on file with UCPSA.
- ☐ My vehicle has working seat belts and safe storage for any equipment.
- ☐ If my daily total mileage per consumer exceeds 20 miles, I have received permission from my supervisor to go over the maximum allowable mileage.

Date	Beginning odometer reading	Ending odometer reading	Beginning address	Ending address	Client Name and Explanation	Reimbursable Miles
				TOTAL reimbursable miles (to be computed by UCPSA staff)		

TOTAL: _____ miles x $.38 = $_____

Employee Signature _____ Date _____

Supervisor's Signature _____ Date _____

TOTAL FROM BOTH SIDES: $ _____