Shingle Springs Tribal TANF Program

Mileage Reimbursement

Participant Name: _____**Month/Year**_____

Ending location (Home, work site , etc.)	**Purpose** (Employment, training, TANF appt, etc.)	**Child Care Drop-off included.** Yes/No	**Round Trip** Yes/No	**Total Miles** X2 for Round Trip / **Total** Electric Charge

I certify under penalty and perjury that the information above is correct and accurate, and I will not receive or accept transportation assistance from any other organization or program. I understand that my mileage reimbursement will be calculated based off the current federal mileage rate not to exceed $500. Drivers for Uber, Lyft, DoorDash, and other rideshare companies MUST provide weekly or monthly statements/report to support mileage claim.

_____ _____

Participant Signature **Date**

Family Advocate Use ONLY

Total Miles: _____ X Current Rate _____ Total mileage payment $_____ Family Advocate Signature_____