☐ 12/31/23 - 01/13, due 01/16 ☐ 01/14 - 01/27, due 01/29 ☐ 01/28 - 02/10, due 02/12 ☐ 02/11 - 02/24, due 02/26 ☐ 02/25 - 03/09, due 03/11 ☐ 03/10 - 03/23, due 03/26 ☐ 03/24 - 04/06, due 04/08 ☐ 04/07 - 04/20, due 04/22 ☐ 04/21 - 05/04, due 05/06		□ 05/05 - 05/18, due 05/20 □ 05/19 - 06/01, due 06/03 □ 06/02 - 06/15, due 06/17 □ 06/16 - 06/29, due 07/01 □ 06/30 - 07/13, due 07/15 □ 07/14 - 07/27, due 07/29 □ 07/28 - 08/10, due 08/12 □ 08/11 - 08/24, due 08/26 □ 08/25 - 09/07, due 09/09	□ 09/08 - 09/21, due 09/23 □ 09/22 - 10/05, due 10/07 □ 10/06 - 10/19, due 10/21 □ 10/20 - 11/02, due 11/04 □ 11/03 - 11/16, due 11/18 □ 11/17 - 11/30, due 12/02 □ 12/01 - 12/14, due 12/16 □ 12/15 - 12/28, due 12/30		Community Connections, Inc. Mileage Reimbursement Form 2024		
		Last Name		-	First Name		
		- SUBMIT THIS FO	(NO STAPLES)	10 STAPLES) -			
Date Customer Initials		Lo		Beg Odometer / Trip Meter	End Odometer / Trip Meter	Total Miles	
	-						
							_
Supervisor to Calculate Tota						s - This Page	
l certify that the	above informatio	on is correct:					
Employee Sigr	nature			Date			
•	******	********	SUPERVISOR TO COMPLETE	******	*****	******	•
Funding Source				Miles Amount			
		Program	(If applicable)	Location		(By program)	(Miles x 0.67)
7100		MHELPDDOARS	N/A	KTN	POW		
7100 7100		MHELPDDOARS MHELPDDOARS	N/A N/A	KTN KTN	P0W P0W		
7100		MHELPDDOARS	N/A	KTN	POW		
		•			Totals		
						Mileage rate effe	ective 01/01/2024
Supervisor Sig	ınature			Date			