

REIMBURSEMENT CLAIM FOR SPECIFIC PROGRAMS

EMPLOYEE: _____ EMPLOYEE: _____
 (Print) (Signature)
 EMPLOYEE #: _____ PERIOD COVERED: _____
 PRIMARY PROGRAM: _____ SUPERVISOR: _____
 (Signature)

** REQUIRED **

ODOMETER READINGS
 RECEIPTS - Completely tabulated
 (Staple or tape to the BACK of this
 form)

Circle Applicable Program: Scattered Sites Support Services Subcontracting DD Case Management Anoka LTC Case Management Ramsey LTC Case Management Dakota LTC Case Management Hennepin LTC Case Management Managed Care

MONTH/ DAY/ YEAR	FROM	TO: LIST DESTINATION(S) AND CLIENT INITIALS	MILEAGE RATE = \$.54/mile (effective 6/19/22)			AMOUNT CLAIMED		
			ODOMETER READING	# MILES	MILEAGE \$ AMOUNT	PARKING	FOOD	MISC.
TOTAL THIS PAGE								

GRAND TOTAL (All Pages): \$ _____

(On last page, provide Grand Total for each column)

Reimbursement for Staff Meals (effective 10/27/19): For purposes when out with individual served or other company business.

\$8.00 (Breakfast) \$10.00 (Lunch) \$12.00 (Dinner)

Each amount includes tips Identify the type of meal on the claim form.

Support Services employees may have restrictions. For clarification see the Program Manager.

All submitted reimbursement expenses must have receipts.

Receipts should be stapled to the back of the claim form.