## MILEAGE CLAIM FORM

Participant Name:			Month/Year:  Case Manager:		
ype of ransportatio			arking Location:arking Rate:		
DATE	PARKING FEES	FROM: Address / Odometer Reading	TO: Address / Odometer Reading	TOTAL MILES	
ord of milesportation	les traveled, p specified, in o	nation claimed is a true and accurate arking fees incurred, and type of rder to perform my scheduled and	FOR OFFICE USE ONLY Miles Claimed on Page 1 Miles Claimed on Page 2		
pproved First-To-Work activities. I further certify that the pecified type of transportation used carries current, valid vehicle egistration and is insured with at least the minimum liability insurance required by the Hawaii No-Fault Law.			Total Miles for Month  (multiply miles by rate) X =   Parking Fees (attach parking receipts) +   TOTAL REIMBURSEMENT CLAIM \$		
xpiration Date:			☐ Approved ☐ Denied		
ticipant Signatu	ore:				

DATE	PARKING FEES	FROM: Address/Odometer Reading	TO: Address/Odometer Reading	TOTAL
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	-		7	
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			Miles Claimed	The state of the s