

CONSUMER CHOICE, INC (CCI)
 1011 1st Street South #315
 Hopkins, MN 55343
 952-935-3515
 952-935-7112 Fax

Mileage Reimbursement Request

Staff Name: _____ Staff Phone Number: _____

Client Name: _____

Managing Party Name: _____

- Please complete this form in it's entirety for mileage reimbursement.
- CCI can only reimburse for mileage that is in the County approved plan.
- Please note mileage cannot be paid for the following:
 - Medical Assistance reimbursed mileage for doctor's visits, speech, occupational therapy or physical therapy.
 - Mileage related to/from school for minor children.
 - Mileage for "vacation."

Date	Destination	Total Mileage
Total Mileage		

$$\text{Total Mileage} \times \text{County Approved Mileage Rate } (\text{\$/mile}) = \text{\$ Total Mileage Reimbursement}$$

Staff Signature _____ Date _____

Managing Party Approval/Signature: _____ Date: _____