

Participant Name:	Case #:	Mileage Report Month/Year:
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Section A: Monthly Miles (Participant)

Total miles driven to/from scheduled activities and Child Care must match daily Round Trips (RTs) reported on the 27-388 Mileage Eligibility Determination form completed with your ECM.

- Enter the **Date** and **Total Daily Miles** for each day of the month you actually drove to/from scheduled activities and Child Care
- Enter **N/A** for each day when you did not travel to/from scheduled activities and Child Care
- Enter an explanation for any unexpected changes to your daily RT: _____

WEEK 1	Mon	Tue	Wed	Thu	Fri	Sat	Sun	ECM Use Only
Date:								
Total Daily Miles								
Approved Daily Miles (ECM)								
WEEK 2	Mon	Tue	Wed	Thu	Fri	Sat	Sun	ECM Use Only
Date:								
Total Daily Miles								
Approved Daily Miles (ECM)								
WEEK 3	Mon	Tue	Wed	Thu	Fri	Sat	Sun	ECM Use Only
Date:								
Total Daily Miles								
Approved Daily Miles (ECM)								
WEEK 4	Mon	Tue	Wed	Thu	Fri	Sat	Sun	ECM Use Only
Date:								
Total Daily Miles								
Approved Daily Miles (ECM)								
WEEK 5	Mon	Tue	Wed	Thu	Fri	Sat	Sun	ECM Use Only
Date:								
Total Daily Miles								
Approved Daily Miles (ECM)								

I understand that my Monthly Mileage Report must be submitted with my proof of participation by the 5th of the month following the Report Month. Future advanced payments can be issued only if Monthly Mileage Report with actual mileage is received no later than the 10th of each month.

Total Reported Miles:
Total Approved Miles:

I declare under penalty of perjury that the information provided on this form is true and correct.

Participant's Signature: _____ Date: _____

ECM verified estimated Total Daily Miles for the Report Month with participant to advance transportation on: _____

Section B: Monthly Mileage Calculation and Determination (ECM)

- Reviewed 27-388 Mileage Eligibility Determination Form dated: _____ Addressed Discrepancies: Yes N/A
- Entered Approved Daily Miles New WTW2 Needed: Yes No N/A Google docs attached
- Driver's License Expiration Date: _____ Vehicle Registration Expiration Date: _____ Current copy requested
- Participation Verification Source(s): Paystubs 27-340 Timesheets 116 Other _____
- Payment Method: Advanced Payment Reimbursement Approval Notice Issued on: _____

Calculation: Total Monthly Miles: _____ x Mileage Rate: \$ _____ = Potential Mileage Payment: \$ _____ Driver Charge Amount: \$ _____ x _____ = Potential Driver Charge \$ _____
Issuance: <input type="checkbox"/> Actual Mileage \$ _____ <input type="checkbox"/> Mileage Up to Public Transportation \$ _____ <input type="checkbox"/> Driver Charge \$ _____
Reconciliation: <input type="checkbox"/> N/A <input type="checkbox"/> Advanced Mileage \$ _____ <input type="checkbox"/> Difference \$ _____ OP <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Denial: <input type="checkbox"/> N/A <input type="checkbox"/> Denial Notice Issued on: _____ Denial Reason: _____

ECM Name: _____ Signature: _____ Date: _____

