



AdvantagePlusCaregivers.com[®]

Your #1 Source for Care

**CAREGIVER MILEAGE TRACKING &
REIMBURSEMENT REPORT**

Caregiver Name: _____

Week: ___/___/___ to ___/___/___

Date & Destination	Client Name	Starting Address, City, State & ZIP	Ending Address, City, State & ZIP	Total Miles	Cost @ IRS/mile	Client Initials

We do not pay mileage for traveling to and from work unless specifically authorized in advance by the client and/or the client's insurance company. You are paid for mileage when you use your car, not the client's car. If you run errands for the client in your car but the client is not with you, you will still be paid for mileage. All fields of each line item must be completed in order to be reimbursed. Get the client to initial each line item that pertains to them for authorization. You may use a single mileage report for multiple clients. Use additional sheets as necessary to track all mileage in the week. **Be sure to print legibly. If you fax your mileage report to us, then also mail it to us so we have the original. Be sure to submit this mileage report with your timesheet for the prior week. Mileage reports submitted more than ten (10) days after the end of the week in which you drove will NOT be reimbursed.**

I hereby attest that the information submitted on this form is true and accurate.

Signature

Date