Self-Direction 2-Week Employee MILEAGE Sheet   FAX 1-866-302-6787

Driver Name (Employee):		Employee ID# (last 4 digits of Employee's social security #)	
Member/Participant:		Is this a correction to a PRIOR Mileage Sheet? ☐ Yes ☐ No	
Member/ Participant's Date of Birth:	Service Code: T2049	Pay Period Begin Date	Pay Period End Date
Vehicle Year	Vehicle Model	Driver's License #	License Plate #

	Date	Location (From)	Location (To)	Odometer Start	Odometer End	Total Miles	Purpose of Trip
Week 1							
					Total Miles for Week 1 ➔		
Week 2							
					Total Miles for Week 2 ➔		
				Total Miles for Pay Period (2 weeks) ➜			

Employee Signature _____ **Date** _____   **Employer (EOR) Signature** _____ **Date** _____

Employee Printed Name _____   **Employer (EOR) Printed Name** _____

Employee Mileage Sheet, 08/23/2013 v.1