



ROSS COUNTY JOBS ONE STOP MILEAGE REIMBURSEMENT FORM

Mileage will be \$10.00/day for up to 49 miles (Round-trip)
Mileage will be \$20.00/day for 50 miles and over (Round-trip)

NAME: _____ SSN _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

CASE MANAGER: _____

	DATE	HOURS SPENT	ROUND TRIP MILEAGE	LOCATION
M				
T				
W				
TH				
F				
S				
Sun				
TOTAL				

**MUST BE SUBMITTED
WITHIN 30 DAYS OF
COMPLETION OF TRAVEL**

RETURN TO:
JOBS One Stop
Ross County WIN
150 East Second Street Chillicothe, Ohio 45601

Allow 30 Days for Reimbursement

	DATE	HOURS SPENT	ROUND TRIP MILEAGE	LOCATION
M				
T				
W				
TH				
F				
S				
Sun				
TOTAL				

TOTAL DAYS OF ATTENDANCE _____
(for the two week period)

Student Signature Date

Classroom Instructor Signature Date

By my signature, I am certifying that the student did attend the days indicated on this form.

DO NOT WRITE IN THIS AREA

#Days incurred at \$10.00 _____ Total \$ _____
#Days incurred at \$20.00 _____ Total \$ _____
Grand Total \$ _____

Approved by WIA Caseworker _____ Date _____

CHECK ONE
Adult 480 _____ Dislocated 485 _____