



MID-CUMBERLAND
COMMUNITY ACTION AGENCY
Helping people. Changing lives.

**Mid-Cumberland Community Action Agency Head Start Policy Council
Mileage Reimbursement**

Parent Name*: _____ County: _____

Date of Travel: _____ Reason: _____

Beginning Time: _____ Ending Time: _____

Start Location: _____ Destination: _____

One Way Miles: _____ Round Trip Miles: _____

MCCAA Head Start/Early Head Start will reimburse travel at \$.65 per mile traveled in parent's personal vehicle for any Policy Council business.
*W9 is required

Total Miles _____ x .65 \$ _____

I hereby certify that I drove my personal vehicle and that all of the above information is true and correct.

_____	_____
Parent Signature	Date
_____	_____
Program Director	Date
_____	_____
Finance Approval	Date

Internal Use Only			
Vendor #	_____		Notes:
Allocation	HS	% \$	
	EHS	% \$	