**ABILITIES UNLIMITED OF JONESBORO, INC**
**TRAVEL EXPENSE REPORT**

NAME OF DRIVER _____ PROGRAM _____

| DATE | STARTING POINT / DESTINATION | CONSUMER | MILEAGE START | MILEAGE STOP | TOTAL MILES |
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TOTAL MILES THIS PAGE _____

SIGNATURE OF DRIVER _____ MILEAGE RATE ***0.28***

PROCESSED BY _____ GRAND TOTAL MILES _____

TOTAL MILEAGE CLAIMED _____

**ALL TRIPS SHOULD BE GOAL ORIENTED UNLESS APPROVE BY CASE MANAGER. ALLOW 2 WEEKS FOR PROCESSING. REFERENCE CHECK STUB.**