

Participant Name:	Case #:	Mileage Report Month/Year:
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**Section A: Monthly Miles (Participant)**

Total miles driven to/from scheduled activities and Child Care must match daily Round Trips (RTs) reported on the 27-388 Mileage Eligibility Determination form completed with your ECM.

- Enter the **Date** and **Total Daily Miles** for each day of the month you actually drove to/from scheduled activities and Child Care
- Enter **N/A** for each day when you did not travel to/from scheduled activities and Child Care
- Enter an explanation for any unexpected changes to your daily RT: \_\_\_\_\_

WEEK 1	Mon	Tue	Wed	Thu	Fri	Sat	Sun	ECM Use Only
Date:								
Total Daily Miles								0
Approved Daily Miles (ECM)								0
WEEK 2	Mon	Tue	Wed	Thu	Fri	Sat	Sun	ECM Use Only
Date:								
Total Daily Miles								0
Approved Daily Miles (ECM)								0
WEEK 3	Mon	Tue	Wed	Thu	Fri	Sat	Sun	ECM Use Only
Date:								
Total Daily Miles								0
Approved Daily Miles (ECM)								0
WEEK 4	Mon	Tue	Wed	Thu	Fri	Sat	Sun	ECM Use Only
Date:								
Total Daily Miles								0
Approved Daily Miles (ECM)								0
WEEK 5	Mon	Tue	Wed	Thu	Fri	Sat	Sun	ECM Use Only
Date:								
Total Daily Miles								0
Approved Daily Miles (ECM)								0

I understand that my Monthly Mileage Report must be submitted with my proof of participation by the 5<sup>th</sup> of the month following the Report Month.

I declare under penalty of perjury that the information provided on this form is true and correct.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Total Reported Miles:</b>	0
<b>Total Approved Miles:</b>	0

ECM verified estimated Total Daily Miles for the Report Month with participant to advance transportation on: \_\_\_\_\_

**Section B: Monthly Mileage Calculation and Determination (ECM)**

Reviewed 27-388 Mileage Eligibility Determination Form dated: \_\_\_\_\_ Addressed Discrepancies:  Yes  N/A

Entered Approved Daily Miles      New WTW2 Needed:  Yes  No  N/A       New WTW2 Signed

Driver's License Expiration Date: \_\_\_\_\_ Vehicle Registration Expiration Date: \_\_\_\_\_  Current copy requested

Participation Verification Source(s):  Paystubs  27-340  Timesheets  116  Other \_\_\_\_\_

Payment Method:  Advanced Payment     Reimbursement     Approval Notice Issued on: \_\_\_\_\_

**Calculation:** Total Monthly Miles: \_\_\_\_\_ x Mileage Rate: \$ \_\_\_\_\_ = Mileage Payment: \$ 0  
 Driver Charge Amount: \$ \_\_\_\_\_ x \_\_\_\_\_ = Driver Charge \$ 0

**Issuance:**  Mileage \$ 0       Driver Charge \$ 0       Case Comments entered

**Reconciliation:**  N/A     Advanced Mileage \$ \_\_\_\_\_     Difference \$ \_\_\_\_\_ O/P     No     Yes \$ \_\_\_\_\_

**Denial:**  N/A     Denial Notice Issued on: \_\_\_\_\_    Denial Reason: \_\_\_\_\_

ECM Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

