

WORKSHEET FOR IN AND AROUND MILEAGE REIMBURSEMENT

NAME: _____ SSN: _____ RATE/GRADE: _____

1. While at **NCHP** in a **Mobilized** status I was lodged at _____ (which is _____ miles one way to my work site _____). On dates listed below, I traveled from **My Lodging to My Work Site and back**. Was Government Quarters available? YES/ NO (circle one). Was Government transportation available? YES/ NO (circle one). Total mileage for month: _____ (Enter on travel claim).

Mileage Reimbursement: _____ miles X \$0.55/mile = _____ (Enter on Travel Claim)

DATE: 2006	FROM	TO	MILEAGE
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SIGNATURE: _____ DATE: _____