

TENCO WORKFORCE DEVELOPMENT AREA

Mileage/Child Care Reimbursement Request

This Form Must Be Completed In Ink.

Participant's Name: _____	JT# _____	Adult ____	DW ____	Youth ____
Program of Study: _____	KY# _____	Approved Miles _____		
School or Provider: _____	Number of Children: _____	Month: _____		

[illegible]

Do Not Use Ditto Marks or Arrows. Complete information each day costs are incurred.

I attest to the accuracy and legitimacy of all costs incurred as represented on this form. (Include childcare expense form)
Participant Signature: _____ **Date:** _____

NOTE: If ALL information is not completed, reimbursement will be delayed until the following month. Signature of participant will be verified through review of original forms.

Staff Use Only: I have reviewed this form from participant and reviewed for accuracy.
Initials _____ Date _____