

Invoice for Mileage Reimbursement
Non-agency Affiliated Only
(Program Participants and/or Legal Representatives)

Name: _____ Date: _____

Mailing Address: _____

Purpose: **I/DD Quality Improvement Advisory Council**

Total Miles to Attend Meeting (round trip): _____ x \$0.47 = _____

Parking (if applicable): \$ _____ Tolls (if applicable): \$ _____

Total Cost (add mileage, parking, and tolls): \$ _____

I certify that I am not being reimbursed for my expenses by another source. Expenses will only be reimbursed for mileage, tolls, and parking related to attending the Quality Improvement Advisory Council meeting, which meets on a quarterly basis. Any expenses accrued due to taking time off at work, meals or lodging are the responsibility of the attendee.

Signature of Attendee Date

Signature/Approval for KEPRO, WV Date