| MILEAGE INVOICE | SEND TO: | Lifelong Advocacy 43970 Gratiot Ave., Clinton Township, MI 48036 | |
|---|----------|---|--|
| Mileage can only be paid if the budget allows. | Fax: | 586-846-2460 | |
| Please confirm with your FI before submitting mileage sheet with payroll. | Email: | payroll@lifelongadvocacy.org | |

| EMPLOYEE | | | | CONSUMER | | | | |
|-----------------|-------------------|------------------|-------------|-----------------|----------------|-----------------|---------------|---------------|
| Employee: | | | | | Consumer Name: | | | |
| Address: | | | | | Address: | | | |
| City/State/Zip: | | | | City/State/Zip: | | | | |
| Phone: | | | | | Phone: | | | |
| Email: | | | | | | - Email: | | |
| DATE | ODOMETER START | ODOMETER STOP | TOTAL MILES | RATE | TOTAL | DESTINATION/REA | ASON FOR TRIP | DRIVER'S NAME |
| | | | | | | | | |
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| | | | | TOTAL: | | | | |

By signature above, each party assures full accuracy and legitimacy of all services provided as described. The consumer's signature confirms the services were rendered and authorizes payment. All parties understand that payment of this invoice will be from State and Federal funds and that any false claims, statements, documents of a material fact may be prosecuted under applicable Federal and State Law.

NOTE: Any inaccuracies in the above information will cause nonpayment, in part or full of

Employee Signature

Consumer/Guardian's Signature

Date

Date

this invoice.