# MILEAGE CLAIM FORM

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| **Client code** | |
| **Period** | |

| Provider Name | Relationship to client | Date (MM/DD/YY) | Purpose of Travel | Destination | | Distance (km) | Rate | | Total Amount ($) | Out of Province (Y/N) |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | From | To | | Flat Rate $ | Per km rate $ | | |
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| | | | | From | To | | Flat Rate $ | Per km rate $ | | |
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| **Total** | | | | | | | | | | |

*Please fill out all the details.*

*In alignment with the Passport Program Guidelines, you should maintain a record or log of your mileage claims and the associated activities; this will be the documentation you can provide if your mileage claim is selected for review.*