

Transportation Mileage Reimbursement Request

Complete all relevant fields below to receive a reimbursement for Transportation Mileage. Please allow up to five (5) business days for this form to be processed. Once processed, payment will be generated on the next payroll cycle according to the ID SD Payroll Schedule.

| REQUIRED INFORMATION | |
|--------------------------|------------------------------|
| Employer Name: | Employer Palco ID: |
| CSW Name: | CSW Palco ID: |
| Participant Name: | Participant Palco ID: |

Approved mileage reimbursement rate from Support and Spending Plan: _____/mile.

Please submit all miles driven as a whole number. Fractions of units cannot be billed. If submitted as a decimal, it will be rounded down to the nearest whole number for payment and processing.

| DATE | SERVICE CODE | TOTAL MILES DRIVEN <i>*Whole numbers only*</i> |
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By signing this form, I attest that the CSW is qualified to render this service and these services are approved on the Support and Spending Plan. I further attest that the mileage reimbursement rate filled in above is approved on the Support and Spending Plan.

CSW Signature

Date

Employer Signature

Date

Please return this form to Palco via email: accounting@palcofirst.com or via fax to 1.877.859.8757 or mail to PO Box 242930, Little Rock, AR 72223.