

MILEAGE CLAIM FORM

Client code	
Period	

[illegible]

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 \$		
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.