

## Welfare to Work Mileage Claim Form

Please mail to: Nevada County Social Services  
 988 McCourtney Rd.  
 Grass Valley, Ca. 95949

Social Worker: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Bus Pass Requested \_\_\_\_\_

Month: \_\_\_\_\_

Date	To and From	Actual Miles Round Trip	Approved Activity	Miles Claimed
Adjustment miles for a transportation advance or transportation overpayment				
Total miles claimed after adjustments for advances				

**Total miles** \_\_\_\_\_ **X .56 cents per mile for first 500 miles, .28 per mile after 500**  
 (IRS rate as of 1/1/21) = \$ \_\_\_\_\_

*I certify that the information on this form is true and correct and that the activities specified on this form were approved in advance by my WTW Social Worker, and necessary for Welfare to Work participation.*

Signature of Welfare to Work Participant \_\_\_\_\_ Date \_\_\_\_\_

WTW SW Approval :  
  
 \_\_\_\_\_  
 Signature / Date