WELFARE TO WORK (WTW)

MILEAGE RECORD WTW ACTIVITIES

Participant:	
Case #:	
CES:	
Activity:	

Month/Year: ______________________________ Verification date: ______________________________

			CHECK ONE			
DATE	FROM (Address)	TO (Address)	One Way	Round Trip	MILEAGE CLAIMED	FOR COUNTY USE ONLY

COMMENTS: ______________________________

Total	
Reimbursement Rate	x
Subtotal	
Less Advance	-
Less OP Adjustment Table	-
TOTAL PAYMENT	

Participant Signature: ______________________________ Date: ______________________________

I certify under penalty of perjury that I drove the miles listed above to participate in WTW on the days listed.

Case Manager/date: ______________________________

Ride Share Provider/date: ______________________________ Provider #: ______________________________

Fiscal:
CalWIN Processed Date:__________________ Benefit #:__________________ FOP Initials:____________

Santa Barbara DSS
234 Camino Del Remedio
Santa Barbara CA 93110
(805) 681-4401

County Self Sufficiency Services
1444 S. Broadway
Santa Maria CA 93454
(805) 614-1265

County Self Sufficiency Services
1100 W. Laurel Ave.
Lompoc CA 93436
(805) 737-7016