

# THOMAS ALLEN, INC. REIMBURSEMENT CLAIM

EMPLOYEE: \_\_\_\_\_  
Print

EMPLOYEE: \_\_\_\_\_  
(Signature)

\*\* REQUIRED \*\*

EMPLOYEE #: \_\_\_\_\_

PERIOD COVERED: \_\_\_\_\_

TRIP OR ODOMETER READINGS  
 RECEIPTS - Completely tabulated  
 (Staple or tape to the BACK of this  
 form)

PRIMARY PROGRAM: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_  
(Signature)

DATE MONTH/DAY/YR	PROGRAM	FROM	TO	MILEAGE RATE - \$.43/mile (effective 5/27/18)		AMOUNT CLAIMED			
				ODOMETER READING OR # MILES	MILEAGE \$ AMOUNT	PARKING	FOOD	MISC.	
TOTALS									

GRAND TOTAL: \$ \_\_\_\_\_

STANDARD MILEAGE CHART ONE WAY	I 4 T H	A P P L E V I E W	A R B O R	B A S S E T T	B I R C H L A K E	B L A I N E C M	B U R N H A V E N	C E D A R C R E S T	C E N T R A L O F F	C O A C H M A N	C O R N E L L T R L	C O R N E R / 3 R D	C R E E K S I D E	D E E R V I E W	E C H O P A R K	E D I N A C M	E M E R S O N	G A R D E N V I E W	H I G H L A N D	J E F F E R S O N	L A K E V I E W	M I D L A N D	N O R T H B R A N C H	N O R T H V I E W	P A R K S I D E	P A R K W O O D	S H A D Y V I E W	S I L V E R O A K S	S K Y L I N E	S O U T H V I E W	S S P S I T E S	S W I F T L A N E	O A K H I L L S	W O O D L A K E	W O O D R I D G E
14TH AVENUE	-	18	18	22	9	23	20	14	2	10	18	31	18	28	18	19	15	17	15	32	17	14	46	1.4	18	17	29	20	18	1	2	30	21	15	31
APPLEVIEW	18	-	3	23	23	34	5	8	16	8	10	15	8	26	2	14	14	2	2	17	11	28	59	17	5	2	30	30	1	17	16	14	22	12	19
ARBOR	18	3	-	22	24	34	3	10	17	9	10	13	6	23	2	12	11	3	4	15	10	28	60	17	6	2	28	28	3	19	19	13	20	11	18
BASSETT CR.	22	23	22	-	19	16	24	19	23	23	31	24	17	4	25	11	14	23	21	25	13	14	47	24	27	24	11	10	22	23	24	23	4	14	24
BIRCHLAKE	9	23	24	19	-	16	25	19	9	16	27	35	22	18	23	20	17	23	21	36	17	8	40	11	24	23	26	13	23	11	12	34	17	17	37
BLAINECM	23	34	34	16	16	-	33	28	26	34	40	38	28	15	35	25	23	34	33	40	23	10	35	27	36	34	23	5	34	24	26	38	18	23	37
BURNHAVEN	20	5	3	24	25	33	-	11	18	10	9	13	8	24	2	14	11	3	6	14	11	30	61	19	6	2	30	30	4	19	19	12	22	12	17
CEDARCREST	14	9	10	19	19	28	11	-	12	7	14	19	4	18	9	9	8	9	6	17	7	24	57	13	10	9	25	24	7	14	14	18	17	5	22
CENTRAL OFF.	2	16	17	23	9	26	18	12	-	17	19	29	17	24	16	18	12	16	16	31	12	14	46	4	16	16	30	20	16	3	4	29	21	11	30
COACHMAN	10	8	9	23	16	34	10	7	17	-	9	20	13	25	2	15	12	9	7	22	11	21	59	9	3	8	31	26	9	10	10	20	23	11	21
CORNELTR.	18	10	10	31	27	40	9	14	19	9	-	22	15	31	8	21	19	7	10	24	18	31	63	17	4	9	37	35	10	20	19	22	29	17	28
CORNER <sup>RD</sup>	31	15	13	24	35	38	13	19	29	20	22	-	16	24	9	14	19	16	15	2	18	36	69	30	18	16	26	33	14	29	29	2	21	18	5
CREEKSIDE	18	8	6	17	22	28	8	4	17	13	15	16	-	17	9	7	6	10	8	14	5	24	57	17	11	9	23	24	7	17	17	12	16	6	20
DEERVIEW	28	26	23	4	18	15	24	18	24	25	31	24	17	-	26	15	14	25	23	28	13	20	49	26	27	24	12	11	23	25	25	24	5	13	25
ECHOPARK	18	2	2	25	23	35	2	9	16	2	8	9	9	26	-	15	13	2	3	18	13	28	59	17	4	1	31	31	3	17	16	16	23	12	21
EDINACM	19	14	12	11	20	25	14	9	18	15	21	14	7	15	15	-	5	16	13	16	5	24	57	18	17	14	19	19	14	18	18	14	9	5	15
EMERSON	15	14	11	14	17	23	11	8	12	12	19	19	6	14	13	5	-	14	11	20	1	18	52	14	15	14	21	18	12	13	16	18	11	1	19
GARDENMEW	17	2	3	23	23	34	3	9	16	9	7	16	10	25	2	16	14	-	4	19	14	28	59	16	3	2	32	30	3	17	16	16	24	12	22
HIGHLAND	15	2	4	21	21	33	6	6	14	7	10	15	8	23	3	13	11	4	-	16	11	26	57	15	6	3	29	28	1	15	14	14	22	10	19
JEFFERSON	32	17	15	25	36	40	14	17	31	22	24	2	14	28	18	16	20	19	16	-	19	37	71	31	20	18	28	35	16	31	31	3	23	20	6
LAKEVIEW	17	11	10	13	17	23	11	7	12	11	18	18	5	13	13	5	1	14	11	19	-	18	52	16	15	12	20	18	11	16	15	18	11	1.2	19
MIDLAND	14	28	28	14	8	10	30	24	14	21	31	36	24	20	28	24	18	28	26	37	18	-	38	17	28	27	25	6	28	16	17	36	19	19	38
NORTHBRANCH	46	59	60	47	40	35	61	57	46	59	63	69	57	49	59	57	52	59	57	71	52	38	-	49	60	58	56	36	59	45	47	69	51	52	69
NORTHMEW	1.4	17	17	24	11	27	19	13	3	9	17	30	17	26	17	18	14	16	15	31	16	17	49	-	17	16	34	21	17	1	1	29	22	15	31
PARKSIDE	18	5	6	27	24	36	6	10	16	3	4	18	11	27	4	17	15	3	6	20	15	28	60	17	-	5	33	33	5	18	18	18	26	13	23
PARKWOOD	17	2	2	24	23	34	2	9	16	8	9	16	9	24	1	14	14	2	3	18	12	27	58	16	5	-	30	32	2	16	16	15	23	13	20
SHADYVIEW	29	30	28	11	26	23	30	25	30	31	32	26	23	12	31	19	21	32	29	28	20	25	56	34	33	30	-	20	29	34	34	26	10	23	25
SILVEROAKS	20	30	28	10	13	5	30	24	20	26	35	33	24	11	31	19	18	30	28	35	18	6	36	21	33	32	20	-	28	21	22	33	16	18	33
SKYLINE	18	1	3	22	23	34	4	7	16	9	10	14	7	23	3	14	12	3	1	16	11	28	59	17	5	2	29	28	-	17	16	14	21	12	19
SOUTHMEW	1	17	19	23	11	24	19	14	3	10	20	29	17	25	17	18	13	17	15	31	16	16	45	1	18	16	34	21	17	-	1	29	22	14	31
SPSITES	2	16	19	24	12	26	19	14	4	10	19	29	17	25	16	18	16	16	14	31	15	17	47	1	18	16	34	22	16	1	-	29	23	14	30
SWIFTLANE	30	14	13	23	34	38	12	18	29	20	22	2	12	24	16	14	18	16	14	3	18	36	69	29	18	15	26	33	14	29	29	-	21	18	7
OAKHILLS VVV	21	22	20	4	17	18	22	17	21	23	29	21	16	5	23	9	11	24	22	23	11	19	51	22	26	23	10	16	21	22	23	21	-	12	20
WOODLAKE	15	12	11	14	17	23	12	5	11	11	17	18	6	13	12	5	1	12	10	20	1.2	19	52	15	13	13	23	18	12	14	14	18	12	-	19
WOODRIDGE	31	19	18	24	37	37	17	22	30	21	28	5	20	25	21	15	19	22	19	6	19	38	69	31	23	20	25	33	19	31	30	7	20	19	-

Reimbursement for Staff Meals (Effective 10/27/19) For purposes when out with client or other company business.  
 \$8.00 (Breakfast) \$10.00 (Lunch) \$12.00 (Dinner) Each amount includes tips Identify the type of meal on the claim form.  
 Support Services employees may have restrictions. For clarification see the Program Manager.

All submitted reimbursement expenses must have receipts.

Receipts should be stapled to the back of the claim form.