



Mark A. Hackel
County Executive

MACOMB MSU EXTENSION COURT MENTOR MONTHLY MILEAGE REPORT

Youth Name: _____ Period Covered: _____

Mentor Name: _____ Mentor Address: _____
(Name to appear on reimbursement check)

DATE	DESCRIPTION OF TRAVEL	TIME SPENT	AMOUNT

Total Reimbursement Due: _____

Mentor Signature: _____ Date: _____

Staff Signature: _____ Date: _____

** Please note reimbursement guidelines: \$10.00 per visit – for up to five visits per month (\$50.00).

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