MICHIGAN STATE UNIVERSITY EXTENSION
MACOMB COUNTY
BOARD OF COMMISSIONERS

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).

Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital status or family status.