



## Participant Transportation Expense and Attendance Log

Participant Name: \_\_\_\_\_ ☐ ASSET PIN or ☐ ETO ID (check only one): \_\_\_\_\_  
Program/Service Enrolled In: \_\_\_\_\_ Partner Agency: \_\_\_\_\_  
Reimbursement Request for the Month of: \_\_\_\_\_ Year: \_\_\_\_\_

Mileage reimbursement rates may vary by program and funder requirements. Errors in rate selection may result in non-payment or payment at a different rate. This completed form and all attachments must be submitted to partner staff no later than 10 days after the end of the month in which the transportation occurred. Partner staff must verify, sign, and forward the documents to EMI by the 15th of that same month.

Date	Starting Location Name & Address	Ending Location Name & Address	Miles	Reason	Parking Fee	Trainer/Employer Initials
Total Miles				Total Parking Fees		

The applicable Standard IRS Mileage Reimbursement rate allowed is: ☐ 100% ☐ 50% See link for current IRS Standard Mileage

Rate <https://www.irs.gov/tax-professionals/standard-mileage-rates>

Total Miles \_\_\_\_\_ X actual allowed rate/mile \$ \_\_\_\_\_ + Total Parking Fees \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**Supporting Documentation:** ☐ All related attendance documentation has been attached, if applicable  
☐ All related parking receipts have been attached

**Signatures:** Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Trainer/Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Form Date: 08.13.25