

**CLIENT – INFORMATION**

FIRM | CORP NAME:

**MILEAGE REIMBURSEMENT**

CONTACT NAME:

PHONE 213-430-0440  
FAX 213-430-0445

ASSIGNMENT COMPLETED

HOLD CHECK FOR PICKUP

**EMPLOYEE – INFORMATION**

NAME

SOCIAL SECURITY #

I CERTIFY THAT THE MILEAGES SHOWN ON THIS FORM ARE CORRECT AND REPRESENT THE MILEAGE I DREW FOR CLIENT OUTSIDE OF TO AND FROM THE ASSIGNMENT LOCATION

SIGNATURE (MANDATORY)

	Date	MILEAGE	DETAILS   REASON FOR MILEAGE USE
<i>Example</i>	<i>01/03</i>	<i>55</i>	
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY Week Ended			
<b>Week Ending Date</b>		<b>Total Miles</b>	<b>Total Miles x 56.5 cents</b>
			<b>Mileage Reimbursement Amount</b> \$

BY EXECUTION OF THIS DOCUMENT, CLIENT AGREES THAT 1) THE MILEAGES SHOWN ABOVE ARE CORRECT 2) CLIENT AGREES TO PAY A.N.S THE MILEAGE REIMBURSEMENT AMOUNT ABOVE, AND 3) IF THE A.N.S. TERMS & CONDITION AGREEMENT FOR THIS ASSIGNMENT HAS NOT BEEN SIGNED, CLIENT IS BOUND BY THE TERMS & CONDITIONS BELOW

**CLIENT APPROVAL** SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

**FEES/PAYMENT:** INVOICES to Client are DUE UPON RECEIPT because Attorney Network Services (“A.N.S.”) invoices represent payroll or expense reimbursements already paid to the temporary employee. A.N.S. may charge late fees if invoices are not paid in a timely manner. Client will reimburse Employee for out of pocket expenditures incurred in the performance of services in accordance with the Client’s policies and procedures.