# WELFARE TO WORK (WTW)

## MILEAGE RECORD WTW ACTIVITIES

| | |
|---|---|
| Participant: | |
| Case #: | |
| CES: | |
| Activity: | |

Month/Year: _____

| DATE | FROM (Address) | TO (Address) | CHECK ONE | | MILEAGE CLAIMED |
|---|---|---|---|---|---|
| | | | One Way | Round Trip | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

COMMENTS:

Participant Signature: _____ Date: _____

I certify under penalty of perjury that I drove the miles listed above to participate in WTW on the days listed. Case Manager/date: _____

Ride Share Provider/date: _____ Provider #: _____

Santa Barbara DSS
234 Camino Del Remedio
Santa Barbara CA 93110
(805) 681-4401

County Self Sufficiency Services
1444 S. Broadway
Santa Maria CA 93454
(805) 614-1265

County Self Sufficiency Services
1100 W. Laurel Ave.
Lompoc CA 93436
(805) 737-7016