COUNTY OF SANTA CRUZ
CalWORKs
EMPLOYMENT SERVICES

CWES MILEAGE CLAIM FORM

Name:	Case number:	Month/year covered by this claim:

Enter each trip to and from an approved CWES activity (not to other locations). Miles for each round trip should appear in the same row.

Date	Starting address	Ending address	Approved CWES activity	Total miles

Date	Starting address	Ending address	Approved CWES activity	Total miles

I certify under penalty of perjury that the information entered on this form is true and correct and that the activities specified on this form were approved in advance by my Employment & Training Specialist (ETS) and were necessary for participation in the CWES program. My ETS informed me that vehicle maintenance and repairs, gasoline or oil, car insurance, and DMV registration fees are nonrefundable expenses as they are considered costs of operating a vehicle and are factored into the standard mileage rate set by the Internal Revenue Service (IRS).

Participant signature:	Date:

COUNTY USE ONLY	
Total miles authorized	0.0
Total reimbursement (total miles authorized X $0.700 cents/mile [2025IRS rate[1]])	$ 0.00
Less advance payment issued (if any)	--
Final reimbursement	$ 0.00

[1] This rate is subject to changes on an annual basis per the IRS standard mileage rate.