SequoiaSD
Part of the AssuranceSD family

NON-MEDICAL MILEAGE LOG

Employee FULL NAME: _____

Participant FULL NAME: _____

PAY PERIOD (check one): ☐ 1-15 ☐ 16-30/31

Please remember the following:

- Medical mileage cannot be reimbursed
- Mileage reimbursement MUST be included in the Spending Plan
- Mileage log must be **signed and submitted** by the Participant/Representative
- Mileage log must be emailed to sequoiavendors@sequoia.com

Date	Purpose/Location	Total Miles
	TOTAL MILES	

My driver's license, vehicle registration, and state-mandated liability insurance coverage were current, in effect, and unrestricted at all times that I provided the transportation services listed above.

Employee Signature: _____ Date: ____ / ____ / _____

Participant/Representative Signature: _____ Date: ____ / ____ / _____