SequoiaSD

Part of the AssuranceSD Family

NON-MEDICAL MILEAGE LOG

Employee Full Name: _____ Employer Full Name: _____

Participant 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 Employer

Email mileage log to **timesheets@SequoiaSD.com**

DATE	PURPOSE / LOCATION	TOTAL MILES
	TOTAL MILES	0.00

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: _____

Employer Signature: _____ Date: _____