

THE MATURE WORKER PROGRAM (SCSEP)
 AREA AGENCY ON AGING FOR LUZERNE/WYOMING COUNTIES
 93 NORTH STATE ST., WILKES-BARRE, PA 18701

NAME: _____

ADDRESS: _____

MONTH/YEAR: _____

D/L EXP. DATE: _____

INS. EXP. DATE: _____

SOC. SEC #: _____

 NCOA TITLE V

PLEASE SEND IN A COPY OF YOUR CURRENT DRIVER'S LICENSE AND CURRENT AUTO INSURANCE CARD. PLEASE SIGN PARKING RECEIPTS
 WHEN YOU SUBMIT THEM.

TRANSPORTATION EXPENSE SHEET							
DATE	FROM	TO	BEGINNING ODOMETER READING	END ODOMETER READING	TOTAL NO. OF MILES	PARKING	T(TRAINING) M(MILEAGE)

TOTAL # OF MILES _____ X _____ = \$ _____ + PARKING \$ _____ = \$ _____

 SENIOR AIDE SIGNATURE

 PROJECT DIRECTOR SIGNATURE

 DATE

 DATE

 CALCULATED & COMPLETED BY:

PG.1 _____
 PG.2 _____
 PG.3 _____
 PG.4 _____
TOTAL: _____