

OH AAA7 Veterans Self-Directed Program Mileage Form Instructions

Make sure the form is filled out completely and correctly. If the letters or numbers are not readable, the form will not be able to be processed and **will not be paid**.

Make sure the following are correct on the form - if items are missing, the form will be returned:

1. Employee Name (**LAST NAME, FIRST NAME**)
2. Employee ID
3. Veteran Name (**LAST NAME, FIRST NAME**)
4. Veteran ID
5. Month service was completed
6. Day service was completed
7. Year service was completed
8. Total mileage should be rounded to the nearest mile
9. Service Code is **TRN**
10. The employee's signature
11. The Veteran/Employer's signature
12. Dates by the signatures

Refer to your Spending Plan for the services that are available to you.

Mileage form can be faxed or sent in at any time during the pay period. See the payment schedule for due dates. Mileage is paid according to the payment schedule and all payment requests must be sent to Acumen by the date in the "Submissions Due" column.



If you have questions concerning how to fill out this time sheet please call Acumen at 1-866-862-6861.