Interim Policy & Procedure Memorandum

ISD IPP 16 – 07

TO: ISD Employees

FROM: Sean Pearson, Deputy Secretary

RE: 2016 Mileage Reimbursement Guideline

DATE: September 1, 2016

This IPP is issued to provide guidance when having to utilize the updated mileage reimbursement rates for the calendar year 2016, as per IPP 16 – 07.

➢ SNAP Self-Employment transportation costs necessary to produce self-employment income will be $.54 cents per mile (federal mileage rate).

➢ SNAP Dependent Care deductions were expanded in 2012 to include the cost of transportation (mileage) to and from the dependent care provider.

   • For the calendar year 2016 the allowable deduction will be $.54 cents per mile (federal mileage rate).

Until the anticipated ASPEN release is implemented:

Manually multiply the mileage reported by the participant by the 2016 rate of $.54 cents per mile. Enter the dollar amount into the respective ASPEN screen (medical, dependent care or self-employment) and proceed with case processing.

For questions regarding this IPP, please contact Rita A. Paz via e-mail at rita.paz@state.nm.us or by telephone at 505-827-7286.
## Individual Information

Name: 

Individual #: 

Updated Date: 06/20/2016

### Self Employment Dates

When did the circumstance begin or change? 05/01/2016

Projection Start Month: 06/2016

When did the circumstance end? Projection End Month: 07/2016

### Self Employment Expenses Details

<table>
<thead>
<tr>
<th>Expense Report Date</th>
<th>Date Client Became Aware</th>
<th>Date to stop using expense in projection</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Expense Amount</th>
<th>Number of months expense covers</th>
<th>Expenses Verification</th>
<th>Expense Verification Received Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Date Paid**
- **Expense Type**
- **Expense Amount**
- **Number of months expense covers**
- **Verification**
- **Date to stop using expense in projection**
**Individual Information**

| Name: | Individual #: | Paid Date: 06/20/2016 |

**Self Employment Dates**

- **When did the circumstance begin or change?** 05/01/2016
- **Projection Start Month:** 06/2016
- **When did the circumstance end?** 07/2016
- **Projection End Month:** 07/2016

**Self Employment Expenses Details**

<table>
<thead>
<tr>
<th>Expense Report Date</th>
<th>Date Paid</th>
<th>Expense Type</th>
<th>Expense Amount</th>
<th>Number of months expense covers</th>
<th>Expenses Verification</th>
<th>Expense Verification Received Date</th>
<th>Date Client Became Aware</th>
<th>Date to stop using expense in projection</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yyyy</td>
<td>mm/dd/yyyy</td>
<td></td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*RESERVED*