

# FAMILY SUPPORT SERVICES MILEAGE REIMBURSEMENT

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Return to: **FSS Coordinator**  
**Williams County Board of DD**  
**11246 State Route 15**  
**Montpelier, OH 43543**  
or **Fax: 419-485-5495**

***Requests for reimbursement must be received within 30 days of first entry for consideration of payment.***

<i>Date</i>	<i>Beginning Odometer Reading</i>	<i>Ending Odometer Reading</i>	<i>Total Miles</i>	<i>Destination (address)</i>	<i>Initials</i>

\* In lieu of odometer readings, a printout from MapQuest or similar program indicating the beginning and end destinations will be accepted.\*

**Mileage is limited to \$240 per fiscal year. Extenuating circumstances will be taken into consideration.**

- [X]** **By signing, I certify mileage and appointments are specific to my family member's qualifying disability or medical condition. I understand that mileage is not considered for well care checkups or physicals.**
  
- [X]** **I/we am/are not receiving payment, reimbursement, or gas vouchers from any other source for the above listed appointments.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Child or Consumer: \_\_\_\_\_