

FAMILY SUPPORT SERVICES MILEAGE REIMBURSEMENT

Name: _____

Return to: Williams County Board of DD
11246 State Route 15
Montpelier, OH 43543
FAX: 419.485.5495

Address: _____

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

Date	Beginning Odometer Reading	Ending Odometer Reading	Total Miles	Destination (address)	Initials

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

- 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.**
- 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: _____