

Request For Mileage Reimbursement

MAKE COPIES OF FORM AS NECESSARY

Name:
Address:

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Dep	Date	<input style="width: 90%;" type="text"/>	From	<input style="width: 90%;" type="text"/>	To	<input style="width: 90%;" type="text"/>	Miles	Hours
Reasons					Driver		<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Return Trip			From	<input style="width: 90%;" type="text"/>	To	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

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1:Health Care, 2:Banking, 3:Personal Errands, 4:Shopping, 5:Visit Family or Friends, 6:Religious Activities, 7:Volunteer Work, 8:Dining, 9:School, 10:Recreation, 11:Meetings, 12:Events, 98:Other

I certify that all information provided above is true and accurate and that all travel was taken as reported. I understand that I am not eligible for participation in the TRIP program if I am able to use any other form of public or private transportation AND that relatives, life-partners, or other persons I live with are generally not eligible for reimbursement, and certify that I have no other form of transportation available. I further certify that my volunteer driver is not an employee of the Independent Living Partnership and I understand and agree that the Partnership and its funding sources do not assume any liability for my personal choice of driver, nor any insurance liability. I agree to abide by all TRIP policies and understand that failure to do so may result in my becoming ineligible for continued participation in the program. It is TRIP Policy for clients to pay reimbursements, when received, to their volunteer drivers.

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