Abilities in Motion
Helping individuals with disabilities live independent, self-determined lives

Fiscal Management Services - Mileage Reimbursement Summary

Consumer Name:_____Month/Year:_____

Consumer Address:_____

Driver Name/Address:_____

Please use additional pages as necessary. Use "Physical Addresses" sheet to record full address.

Date	Starting Location	Ending Location	Purpose of Trip	Miles
			Total Monthly Miles	

Reimbursement Calculation $_____ / Mile x Total Miles = $_____

I certify that the trips listed above were completed for the stated ISP related purpose, that the mileage reported us accurate, and that these miles have not been submitted for reimbursement elsewhere.

_____ _____

Driver Signature / Date

Consumer/Guardian Signature / Date

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Fiscal Management Services - Mileage Reimbursement
Physical Addresses

This page is to provide additional space to record physical addresses that would not fit on the Reimbursement Summary sheet.

Consumer Name:_____

Driver Name:_____

Location Name	Physical Address

Additional information: