



Supported Living Travel Expense Report

Enrollee's Name _____ Address _____ Phone _____
 Driver's Name _____ Address _____ Phone _____
 Driver's Social Security Number _____

Date	From	To	Purpose	Mileage

Total Miles _____
 (effective rate 8/1/08) x **\$0.50**
 TOTAL \$ _____

Traveler's Certificate

I certify that the statements made hereon are true, that the mileage was actually driven on official business and that the expenses incurred were in accordance with the policies of the Medina County Board of DD. I also certify that I have automobile liability insurance.

Signature

Date

Signature of family member authorizing travel

Mail to: Medina County Board of DD, Attn: Carey Bates, 4691 Windfall Road, Medina, Ohio 44256

Scan/Email to: careyb@mcbdd.org

Fax: 330-722-4854

(Extra forms available at www.mcbdd.org)