



Individual Support Services

Auglaize County Board of Developmental Disabilities

Family Support Services

Mileage Form

Individuals Name: _____

Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

Date	Begin Mileage	Ending Mileage	Total Miles	Rate Pd. Per Mile	Total Paid	Reason for Transport
				.25/ Mile		
				.25/ Mile		
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				.25/ Mile		
				.25/ Mile		

I hereby certify that the above is an accurate statement of mileage incurred.

Signature of Parent/Guardian

Date

Please return form to:
Vicki May, Family Support Services Coordinator
Auglaize County Board of Developmental Disabilities
20 East First St.
New Bremen, Ohio 45869