

Individuals Name:						
Name of F	Parent/Guardi	an, Family Me	mber Residing	with:		<u> </u>
Address c	of Parent/Gua	rdian:				
Date	Beginning	Ending	Total	Rate Pd.	Total	To / From
	Mileage	Mileage	Miles	Per Mile	Paid	
				0.670	\$0.00	
				0.670	\$0.00	
				0.670	\$0.00	
				0.670	\$0.00	
				0.670	\$0.00	
				0.670	\$0.00	
				0.670	\$0.00	
				0.670	\$0.00	
				0.670	\$0.00	
				0.670	\$0.00	
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				0.670	\$0.00	
				0.670	\$0.00	
				0.670	\$0.00	
				0.670	\$0.00	
				0.670	\$0.00	
Total					\$0.00	
I hereby c	ertify that the	above is an ad	ccurate statem	ent of mileage in	curred.	
_	of Parent/Guar Member Residi				[Date

^{**} This form must be attached to the Auglaize DD FSS Reimbursement Request Form**