



Cancer Association of Auglaize County
506 Jackson St, St.Marys OH 45885
419-300-3556 (Phone) 419-300-7239 (Fax)
A Proud Member of the United Way of Auglaize County

MILEAGE REIMBURSEMENT FORM

1. Form must be filled out completely for the client to be reimbursed.
2. Only one signature, from one appointment is required.
3. Form to be used from 1st to last day of the month and **TURNED IN NO LATER THAN THE 5TH OF THE FOLLOWING MONTH.**
4. Form may be faxed, e-mailed (in pdf form), mailed (postdated no later than the 5th), or dropped in the office mailbox (next to the front door).
5. Miles computed from the client's residence to the treatment facility address using Google maps. The shortest distance is rounded up to the next whole number and doubled. Detours are not included.
6. Periodic calls will be made to the treatment center(s) for verification.
7. We are unable to help with mileage if the client is receiving help from another organization.

If you have any questions, please contact the office.
Office hours are Monday – Thursday 9AM – 2PM

Form to be used from 1st to last day of the month and TURNED IN NO
LATER THAN THE 5TH OF THE FOLLOWING MONTH.

Clients Name & Address _____
(if using PO Box to receive mail, please also put the actual street address):

Drivers Name: _____ Phone: _____

Certified by: _____ Date: _____
(Signature of attendant, nurse, or doctor)

OFFICE USE ONLY			
Date received		Date reimbursed	
Total mileage		Check Number	
Amount reimbursed			

OFFICE

[illegible]