



Mileage Report Form

MAKE COPIES OF FORM AS NECESSARY

M

Name and Address:

- Request must be received in our office by 4 pm on the 5th day after any month of travel to be paid.
- Late requests will not be paid.

Date	<input type="text"/>	Driver	<input type="text"/>
FROM:		TO:	
Address:		Address:	
City and Zip:		City and Zip:	

Reasons

Date	<input type="text"/>	Driver	<input type="text"/>
FROM:		TO:	
Address:		Address:	
City and Zip:		City and Zip:	

Reasons

Date	<input type="text"/>	Driver	<input type="text"/>
FROM:		TO:	
Address:		Address:	
City and Zip:		City and Zip:	

Reasons

TRIP REASON CODES (to be entered beside "Reasons" above)

1:Community Events, 2:Food Bank, 3:Groceries, 4:Medical, 5:Other, 6:Out-of-County, 7:Pharmacy, 8:Pick Up Rider, 9:Religious, 10:Return Home

I certify that I am age 65 or older and/or disabled, and need help with transportation to medical appointments. I further certify that all information provided above is true and accurate and that all travel was taken as reported. I understand that I am not eligible for participation in the PAY-YOUR-PAL program if I am able to use another form of public or private transportation. In addition, I certify that my volunteer driver is not an employee of Lake Transit or Paratransit Services and I understand and agree that the operators of the PAY-YOUR-PAL program and its funding sources do not assume any liability for my personal choice of driver, nor any insurance liability. I agree to abide by all PAY-YOUR-PAL policies and understand that failing to do so may result in visit verification and/or my becoming ineligible for continued participation in the program. It is PAY-YOUR-PAL's policy to reimburse riders via check, or credits to their bank account on the basis of reports submitted. Riders are responsible for reimbursing their drivers promptly. I understand that PAY-YOUR-PAL encourages Riders and Drivers in the program to work together when preparing Mileage Reports, in order to ensure accuracy and agreement between Riders and Drivers.

SIGNED:

DATE:

PRINT FULL NAME:

Return request via the following options: