

## Send your completed request form to:

Freedom Road Transportation 2633 S. Lapeer Rd. Suite H, Orion, MI 48360 or FAX to: 248-232-1242

Ν	Nonth & Year of Travel	
	/	

**Address** 

248-232-1259 Phone Revised 1/4/2018

\*\* Request must be in our office by the 5th of the following month of travel to be paid\*\*

Request for Mileage Reimbursement

Request for Mileage Reimbursement
Turn form over for instructions

Nan	ne:	Rider name					R	ider's complete address						
Pho	Phone: Rider phone #				F	or this example the rider live								
	Day	From: C	City/Zip					To: City/Zip						
DEPART	6	(where d	id you sta	rt)	Waterford	48328		(where did you travel to)	Clarkston 48346	1	Miles	8.5		
	Name	Name of Destination Kroger 6625 Dixie Highway					Clarkston 48346							
					Driver: Dri	ve	r's name & signature		Initials: rider's initials					
	Day	Day From: City/Zip						To: City/Zip		Г				
R	6	(where	did you sta	art)	Clarkston	48346		(where did you travel to)	Waterford 48328		Miles	8.5		
RETURN	Name	Name of Destination home												
~				Driver: Dri	river: Driver's name & signature			Initials: rider's initials						
	Day	From: C	ity/Zip					To: City/Zip						
RT	19	(where did you start) Waterford 48328						(where did you travel to)	Waterford 48328		Miles	3.0		
DEPART	Name of Destination Urgent Care 2446 Elizabeth Lake Road, Waterford 48328													
	Reaso	Reasons 1 Driver: Drive			ver	's name & signature			Initials: rider's initials					
	Day	From: 0	City/Zip					To: City/Zip						
R	19	9 (where did you start) Waterford 48328						(where did you travel to)	Waterford 48328		Miles	3.0		
RETURN	Name	Name of Destination home												
R	Reasons 99 Driver: D			Driver: Dri	Driver's name & signature			Initials: rider's initials						
	Day	From: (	City/Zip					To: City/Zip						
RT	26	(where did you start) Waterford 48328				d 48328		(where did you travel to)	Holly 48442		Miles	22.9		
EPART	Name of Destination Seven Lakes State Park, 14390 Fish Lake Road, Holly 48442													
	Reas	Reasons 10 Driver: Drive				Driver: Dri	ve	's name & signature			Initials: rider's initials			
	Day	From:	City/Zip					To: City/Zip						
RETURN	26	(where did you start) Holly 48442						(where did you travel to)	u travel to) Waterford 48328			Miles 22.9		
	Name of Destination home													
RE	Reas	Reasons 99 Driver: Di				Driver: Dri	ve	ver's name & signature Initials: rider's in						

Enter Reason For Travel Using These Numbers: 1: Health Care, 2: Work, 3: Personal Errands, 4: Shopping, 5: Visit Family or Friends, 6: Religious Activities, 7: Volunteer Opportunities, 8: Dining, 9: School, 10: Recreation, 98: Other, 99: Return Home

I certify that the above is an accurate and true record of my travel. I understand that I am not eligible for participation in the Freedom Road Transportation (FRT) program if I am able to use any other form of public or private transportation AND that family members are generally not eligible for reimbursement, and certify that I have no other form of transportation available. I further certify that my volunteer driver is not an employee of FRT and I understand and agree that FRT and its funding sources do not assume any liability for my personal choice of driver, nor any insurance liability. I understand that FRT mileage reimbursement is not an entitlement and payment of my request is subject to availability of funds. I agree to abide by all FRT policies and understand that failure to do so may result in my becoming ineligible for continued participation in the program. It is FRT policy for passengers to pay reimbursements, when received, to their volunteer drivers.

Rider signature