



Send your completed request form to:
 Freedom Road Transportation
 2633 S. Lapeer Rd. Suite H, Orion, MI 48360
 or FAX to: 248-232-1242
 248-232-1259 Phone

Month & Year of Travel

_____ / _____

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

Turn form over for instructions

Address

Name:	
Phone:	

DEPART	Day	From: City/Zip	To: City/Zip	Miles	<input style="width:50px;" type="text"/>
	<input style="width:50px;" type="text"/>	Name of Destination			
	Reasons	<input style="width:30px;" type="text"/>	<input style="width:30px;" type="text"/>	Driver:	Initials:

RETURN	Day	From: City/Zip	To: City/Zip	Miles	<input style="width:50px;" type="text"/>
	<input style="width:50px;" type="text"/>	Name of Destination			
	Reasons	<input style="width:30px;" type="text"/>	<input style="width:30px;" type="text"/>	Driver:	Initials:

DEPART	Day	From: City/Zip	To: City/Zip	Miles	<input style="width:50px;" type="text"/>
	<input style="width:50px;" type="text"/>	Name of Destination			
	Reasons	<input style="width:30px;" type="text"/>	<input style="width:30px;" type="text"/>	Driver:	Initials:

RETURN	Day	From: City/Zip	To: City/Zip	Miles	<input style="width:50px;" type="text"/>
	<input style="width:50px;" type="text"/>	Name of Destination			
	Reasons	<input style="width:30px;" type="text"/>	<input style="width:30px;" type="text"/>	Driver:	Initials:

DEPART	Day	From: City/Zip	To: City/Zip	Miles	<input style="width:50px;" type="text"/>
	<input style="width:50px;" type="text"/>	Name of Destination			
	Reasons	<input style="width:30px;" type="text"/>	<input style="width:30px;" type="text"/>	Driver:	Initials:

RETURN	Day	From: City/Zip	To: City/Zip	Miles	<input style="width:50px;" type="text"/>
	<input style="width:50px;" type="text"/>	Name of Destination			
	Reasons	<input style="width:30px;" type="text"/>	<input style="width:30px;" type="text"/>	Driver:	Initials:

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.

SIGNATURE _____

DATE _____