



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: Rider name	Rider's complete address
Phone: Rider phone #	For this example the rider lives in Waterford 48328

DEPART	Day From: City/Zip <input type="text" value="6"/> (where did you start) Waterford 48328	To: City/Zip (where did you travel to) Clarkston 48346	Miles <input type="text" value="8.5"/>
	Name of Destination <input type="text" value="Kroger 6625 Dixie Highway, Clarkston 48346"/>		
	Reasons <input type="text" value="4"/> <input type="text"/> <input type="text"/>		Driver: Driver's name & signature

RETURN	Day From: City/Zip <input type="text" value="6"/> (where did you start) Clarkston 48346	To: City/Zip (where did you travel to) Waterford 48328	Miles <input type="text" value="8.5"/>
	Name of Destination <input type="text" value="home"/>		
	Reasons <input type="text" value="99"/> <input type="text"/> <input type="text"/>		Driver: Driver's name & signature

DEPART	Day From: City/Zip <input type="text" value="19"/> (where did you start) Waterford 48328	To: City/Zip (where did you travel to) Waterford 48328	Miles <input type="text" value="3.0"/>
	Name of Destination <input type="text" value="Urgent Care 2446 Elizabeth Lake Road, Waterford 48328"/>		
	Reasons <input type="text" value="1"/> <input type="text"/> <input type="text"/>		Driver: Driver's name & signature

RETURN	Day From: City/Zip <input type="text" value="19"/> (where did you start) Waterford 48328	To: City/Zip (where did you travel to) Waterford 48328	Miles <input type="text" value="3.0"/>
	Name of Destination <input type="text" value="home"/>		
	Reasons <input type="text" value="99"/> <input type="text"/> <input type="text"/>		Driver: Driver's name & signature

DEPART	Day From: City/Zip <input type="text" value="26"/> (where did you start) Waterford 48328	To: City/Zip (where did you travel to) Holly 48442	Miles <input type="text" value="22.9"/>
	Name of Destination <input type="text" value="Seven Lakes State Park, 14390 Fish Lake Road, Holly 48442"/>		
	Reasons <input type="text" value="10"/> <input type="text"/> <input type="text"/>		Driver: Driver's name & signature

RETURN	Day From: City/Zip <input type="text" value="26"/> (where did you start) Holly 48442	To: City/Zip (where did you travel to) Waterford 48328	Miles <input type="text" value="22.9"/>
	Name of Destination <input type="text" value="home"/>		
	Reasons <input type="text" value="99"/> <input type="text"/> <input type="text"/>		Driver: Driver's name & signature

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

SIGNATURE _____

DATE _____