



## Quality of Life Reimbursement Grant Mileage Reimbursement Form

- Use **ONLY** if needed for mileage expenses (to and from ALS Clinic, clinical study, ALS Standard medical appointments such as- PT, OT, pulmonary, gastroenterology, & vent procedures.) **NO OTHER MILEAGE IS REIMBURSABLE!**
- This form **MUST** be sent in with a **completed “Reimbursement Request Form.”**
- Gas Receipts are **NOT** needed or acceptable
- Reimbursement is made based on 65.5 cents per mile

DATE OF TRAVEL	ADDRESS FROM/ADDRESS TO	MILES TRAVELED	REASON FOR TRAVEL	\$ AMOUNT
			<b>TOTAL:</b>	

