



Quality of Life Reimbursement Grant MILEAGE REIMBURSEMENT FORM

- Use **ONLY** if needed for mileage expenses to and from ALS Clinic, clinical study, or ALS standard medical appointments such as PT, OT, pulmonary, gastroenterology, and 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 67cents per mile.

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