



Mileage Report Form

MAKE COPIES OF FORM AS NECESSARY

- Completed Mileage Report Forms must be received in our office by 4pm on the 5th business day after any month of travel to be paid. **Late submissions will not be paid.**

Riders Name: _____

Riders Address: _____

*Only trips where a volunteer driver is utilized to transport program participant qualifies for mileage reimbursement.

Date Driver's Signature:

FROM:	TO:
Address:	Address:
City and Zip:	City and Zip:

Reasons

Date Driver's Signature:

FROM:	TO:
Address:	Address:
City and Zip:	City and Zip:

Reasons

Date Driver's Signature:

FROM:	TO:
Address:	Address:
City and Zip:	City and Zip:

Reasons

TRIP REASON CODES (to be entered beside "Reasons" above)

1:Local Community Events, **2:**Local Food Bank, **3:**Local Grocery Shopping (unless it's done on the same trip as an out-of-county medical trip), **4:**Medical Appointments (in or out of County, but not out of state), **5:**Other (inquire with staff as to what qualifies), **6:**Pharmacy, **7:**Pick Up Rider, **8:**Religious, **9: Round Trip**

*I certify that I am age 55 or older and/or disabled, and need help with transportation to qualifying trips mentioned above. I further certify that all information provided above is true and accurate and that all travel was taken as reported. I understand that I am not eligible for mileage reimbursement for any trip that I drive myself to or use other forms of public transportation. In addition, I certify that my volunteer driver is not an employee of Lake Links, Lake Transit or Paratransit Services and I understand and agree that the operators of the PAY-YOUR-PAL program and its funding sources do not assume any liability for my personal choice of driver, nor any insurance liability. I agree to abide by all Lake Links/PAY-YOUR-PAL program policies and understand that failing to do so may result in my becoming ineligible for continued participation in the program. It is Lake Links/PAY-YOUR-PAL's policy to reimburse riders via check, or credits "direct deposit" to their bank account on the basis of reports submitted. **Riders are responsible for reimbursing their drivers promptly.** I understand that Riders and Drivers in the program are encouraged to work together when completing Mileage Reports in order to ensure accuracy and agreement between Riders and Drivers.*

RIDER'S SIGNATURE: _____

DATE: _____

Return request via the following options:

Mailing: PO Box 3001, Clearlake, CA 95422 | Email: info@lakelinks.org | Fax: 707-701-6089