

**H.C.A.H.C.**  
**TRANSPORTATION FUND**  
**MILEAGE REIMBURSEMENT REQUEST**

DATE OF TRIP \_\_\_\_\_

REASON FOR TRIP \_\_\_\_\_

DID YOU: (PLEASE CHECK THE BOX THAT APPLYS)

☐

HIRE A DRIVER

☐

DRIVE YOUR OWN VEHICLE

PARENT'S NAME \_\_\_\_\_

PARENT'S ADDRESS \_\_\_\_\_

SON / DAUGHTER: \_\_\_\_\_

ACTUAL NUMBER OF MILES \_\_\_\_\_

MAKE CHECK OUT TO \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

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Mileage will be paid at the current rate of \$1.25 per mile when hiring a driver,  
and \$.65 per mile when using your own vehicle.

Please Return To:  
Callie Selders, Office Clerk  
8001 TR 574  
Holmesville, Ohio 44633  
330-674-8045

Office Use Only:

Date Received: \_\_\_\_\_

Date Paid: \_\_\_\_\_