

Instructions for filling out mileage reimbursement form:

1. Name of the consumer
2. Consumer ID number
3. Month - Month of service
4. Year - Year of service
5. Description - Fill in "To and From" locations. If the consumer did not need transportation on any days of the month, leave those days blank. Only fill in one entry per day, even if there were multiple trips made in one day (round trip total). If you are transporting to/from additional addresses please use our Multiple Addresses form. **PHYSICAL ADDRESS IS NEEDED.**

PLEASE REFER TO THE EXAMPLE BELOW:

From: Home – 111 S 6th Street Reading PA 19601

To: Day Program – 555 S 25th Street Reading PA 19601

6. Cost per mile- **Effective 01/01/2024** the cost of mileage reimbursed will be **\$0.67** per mile.
7. Number of miles- Total number of miles traveled per day. **ODP will not accept partial units.**
8. Amount- Multiply the cost per mile and number of miles to find the total amount for each day. Then total everything at the bottom.
9. Participant/Guardian Signature- The **consumer or legal guardian** of the consumer must sign (and write date) on this line.
10. Driver's name/address- The person driving must fill in his/her name and address in the spaces provided. The address the driver provides will be the address to which the mileage check will be sent.

****Please only use one mileage sheet per month, the form must be submitted at the end of every month.**

****Please use ink.**

*****Please allow TWO (2) full weeks for BCCIL to process all mileage payments.**