The Arc of Kona

Home & Community Bas **PERSONAL MILEAGE**

Kona	DATE STAMP	
sed Services VOUCHER		

PROVIDER NAME		<u> </u>	MONTH/YEAR			
Date	Start-Destination-Re	urn	Odometer	Odometer Reading		Participant/Parent/ Guardian Approval (please initial)
			Beginning	Ending		(piease initial)
Provider Signature:		Date	TO	TAL MILEAGE		For Internal Use Input into IPB
			ΧR	ate Per Mile	.42	Date
			TO1	TAL PAYMENT		Initials
Approved By:	SUPERVISOR ONLY	Date				

The business purpose for all of the above mileage reimbursements are for services required by the Individual Service Plan

PARTICIPANT NAME