

The Arc of Kona

Home & Community Based Services
PERSONAL MILEAGE VOUCHER

DATE STAMP

PARTICIPANT NAME _____

PROVIDER NAME _____

MONTH/YEAR _____

Date	Start-Destination-Return	Odometer Reading		Miles	Participant/Parent/ Guardian Approval (please initial)
		Beginning	Ending		

Provider Signature: _____ Date _____

Approved By: **SUPERVISOR ONLY** _____ Date _____

TOTAL MILEAGE _____
 X Rate Per Mile _____ .42
 TOTAL PAYMENT _____

For Internal Use Input into IPB
Date _____
Initials _____

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