



MEDICAL TRAVEL MILEAGE SHEET

FOR THE MONTH OF

Name of client: Member ID: Team Number:

Date	Roundtrip Distance (kms)	Place of Appointment	Specialist's Name and Stamp	Verified By
Total kms		x \$0.35 = \$	<input style="width: 100px; height: 20px;" type="text"/>	

Signature: _____ Date:

If you have any parking receipts, remember to submit them along with this mileage sheet for reimbursement.
PLEASE SUBMIT MILEAGE SHEET(S) AT THE END OF EACH MONTH.

PLEASE NOTE if you are submitting this form for medical mileage: Ontario Works covers **approved** travel for medical purposes only. Any travel for other purposes will be your responsibility. Medical transportation costs totalling \$14.99 or less in any given month will be the responsibility of the client and will not be reimbursed by Ontario Works.

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