



## Williams County Travel Reimbursement Request

Referred Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Service Recipient: \_\_\_\_\_ Relationship to Referred Child: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### Expense Verification

*By signing below, I verify that the Service Recipient(s) identified above were present at the event and/or received the service described below.*

Event/Activity: \_\_\_\_\_

Event Address: \_\_\_\_\_

Verifier's Name (printed): \_\_\_\_\_ Title: \_\_\_\_\_

Verifier's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date	Description	Total Miles Traveled	X .35	Sub-Total
			X .35	

Total Mileage: \_\_\_\_\_ Total Reimbursement: \_\_\_\_\_

*By signing below I verify that I have traveled the total number of miles being requested for reimbursement, in order to attend the service/event described above:*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_