



Mileage Log

To be included with *Request for Funds* form

- Use Mileage Log form for reimbursement (.50 cents/mile) for the following appointments **ONLY - Does Not** Include mileage for any other Medical Appointment
 - Mileage **OR** rental of vehicle/car service to and from ALS clinic appointments (if requesting reimbursement for vehicle/car service, please do not request reimbursement for mileage as this is already included on the invoice from rental/car service provider)
 - North Carolina Clinical Trial appointments (when travel stipend not provided)
 - Feeding tube, invasive Ventilator and Baclofen pump procedures
 - Radicava Infusion appointment

- **Gas receipts are not accepted, please use this form instead.**

Date	Place/Reason for Travel	Miles Traveled	\$ Amount @ .50/mile
			Total: