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| --- | --- | --- | --- | --- |
| Date of Trip  | From | To | Number of Miles RoundTtrip | Purpose of Trip |

**FSSP Mileage Log** (reimbursed at 62.5 cents per mile)

Eligible individual:

|  |  |  |  |  |
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| EXAMPLE | Home | Children’s Hosp | 50 | Neurological appt.  |
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Total miles \_\_\_\_\_\_\_\_\_\_\_\_\_ x 0.625/mile = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I affirm that the above information is true to the best of my knowledge.

Printed name of parent/guardian Signature