

**N.E.T. MILEAGE RECORD FOR THE MONTH OF: \_\_\_\_\_ YEAR: \_\_\_\_\_**

Name & Address of Person going to the appointment: \_\_\_\_\_  
 (Reimbursement is to/from this address only)

Date of appointment	Start Location (Full Address)	Odometer- Start	End Location (Full Address)	Odometer-End	Total Miles Traveled
	From:		To:		
	From:		To:		
	From:		To:		
	From:		To:		
	From:		To:		
	From:		To:		

Please print:

Driver's Name: \_\_\_\_\_

Driver's Mailing Address: \_\_\_\_\_

**The undersigned agrees that the above information is true and accurate:**

\* \_\_\_\_\_  
 Driver's signature

**\*\*PLEASE ATTACH REQUIRED VERIFICATION SLIPS, PROOF OF CURRENT CAR INSURANCE, AND A COPY OF THE TRANSPORTER'S VALID DRIVER'S LICENSE.**

Remit to: OCDJFS  
 Attn: NET Coordinator  
 8043 West State Route 163, Suite 200  
 Oak Harbor, OH 43449

DO NOT WRITE IN THE AREA BELOW:

Office use only: Total Miles \_\_\_\_\_ x.48 = \_\_\_\_\_

Driver's Vendor number \_\_\_\_\_