MILEAGE INVOICE

SEND TO: **The Arc of Oakland County**
1641 West Big Beaver Troy, MI 48084-3501
(248)816-1900 * Fax (248)816-3340

☐ CHANGE OF ADDRESS ☐ NEW EMPLOYEE

PROVIDER/EMPLOYEE
Provider/Employee:
Address
City/State/Zip
Phone
Email

CONSUMER/PERSON RECEIVING THE SERVICES
Consumer Name
Address
City/State/Zip
Phone
Email

DATE	ODOMETER START	ODOMETER STOP	TOTAL MILES	RATE	TOTAL	DESTINATION/REASON FOR TRIP	DRIVER'S NAME
					TOTAL		

By signature above, each party assures full accuracy and legitimacy of all services provided as described. The consumer's signature confirms the services were rendered and authorizes payment. All parties understand that payment of this invoice will be from State and Federal funds and that any false claims, statements, documents of a material fact may be prosecuted under applicable Federal and State Law. NOTE: Any inaccuracies in the above information will cause nonpayment, in part or in full, of this invoice. (NEW 11/2008)

Consumer/Employer Designee's Signature _____ Date _____

Provider/Employee Signature _____ Date _____