



FUEL CARD OR MILEAGE REIMBURSEMENT FORM

REQUESTING: (CHECK ONE)

FUEL CARD OR MILEAGE REIMBURSEMENT*(requires full address)

*NOTE: Request for mileage reimbursement must also have a Request for Service form completed along with verification of appointments.

Return completed forms to:

Ability Works, Inc. Attention:
FDR Administrator
3920 Columbus Ave.
Sandusky, Ohio 44870

Childs Name: _____

Parent's/Guardian's Name: _____

Appointment Date: _____

Appointment with Whom: _____

Appointment Address: _____

Signature/stamp of staff person @ appt: _____

A staff person from the physician/hospital needs to sign/stamp this sheet.

This form must be returned for each gas card received prior to appointment.

This form must be returned for fuel card and mileage reimbursement request along with a 2020 Request for Service Form.

Reimbursement is based on availability of funding.

Questions? Please call FDR Administrator at Ability Works, Inc. (419) 626-1048 or email fdr@ability-works.com