



Financial Assistance for Cancer Treatment
 PO Box 624, Tiffin, OH 44883
 Phone: 419.937.2540
 Email: factsenecacounty@yahoo.com

Transportation Mileage and Hotel Expense Form

Name: _____ Address: _____
 City, State, Zip: _____ Telephone: _____

#	Date	Name of Treatment Center	Mileage	Signature of Health Care Worker
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
		Total Monthly Miles =		X \$0.35 =
Dates of Stay	Name of Hotel/Motel		Total Cost	Signature of Health Care Worker

Return completed with hotel receipts if applicable and signed form to above address. Checks are generally written twice a month on no particular schedule. Your reimbursements may take up to 2-3 weeks based on when checks were last written.

Due to Board Policy, we cannot make reimbursement for any receipts or transportation that is 6 months or older.