Jake's Help From Heaven Medical Travel Application EXPENSE WORKSHEET

PLEASE FILL OUT THIS FORM COMPLETELY OR APPLICATION WILL NOT BE REVIEWED.

Applicant's Name								
	Date	**Date**	**Date**	**Date**	**Date**	**Date**	**Date**	
Date (MM/DD/YY)								

								TOTAL
Mileage (.40/mile)								
Other Transportation	$	$	$	$	$	$	$	
Lodging up to $200/night	$	$	$	$	$	$	$	
Meals $50/day per family	$	$	$	$	$	$	$	
Total Per Day	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

DOCTOR APPTS	**DATE**	**LOCATION**

FORM MUST BE SIGNED OR APPLICATION WILL NOT BE REVIEWED.

Parent Signature

Social Worker or Doctor Signature

COMMENTS OR OTHER INFORMATION: