

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 (.50/mile)								
Other Transportation	\$	\$	\$	\$	\$	\$	\$	
Lodging up to \$150/night	\$	\$	\$	\$	\$	\$	\$	
Meals \$100/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: