When completing mileage, begin with your address and calculate mileage from your address to the destination address back to your home address to give you a round trip amount.

LICKING COUNTY
Board of
DEVELOPMENTAL DISABILITIES

F.S.S. Mileage

Name of Individual:_____
Date:_____

Actual Date of Occurrence	Starting From (Location & Address)	Going To (Destination & Address-including street &city)	Number of miles	Registration, Parking, Meals Only- Attach receipts