

Holmes County Job & Family Services (HCJFS)

(Please print legibly)

Non-Emergency Transportation (NET) Record for the Month Of _____

Name of NET Client: _____ DOB: _____

Address of NET Client: _____ PHONE NUMBER: _____

Date of Appointment	Start Location (town)	Odometer-Start	End Location (Town)	Odometer-End	Total Miles ONE WAY! (We will double it.)	Verification MUST BE Attached

The undersigned agrees that the above information is true and accurate.

Driver's Name: _____ Driver's Signature: _____
Please Print

Please attach required verification slips, proof of current car insurance and a copy of the driver's valid driver's license.

Submit to: Holmes County Job & Family Services
 85 N Grant St PO Box 72
 Millersburg, OH 44654

Mileage Records should be turned in by the 10th of each month. **Office Use Only: Total Miles: _____ X \$_____ = \$_____**