

## WA NEW FREEDOM MILEAGE REIMBURSEMENT FORM

## INDIVIDUAL PROVIDER MILEAGE REIMBURSEMENT FORM

MONTH:	YEAR: 2 0	IP Name:			
DAY	Number of Miles	IP Address:			
1					
2					
3		* Check will	be mailed to II	P address liste	ed above *
4		I have attached copies of the required documents:			
5		Current Driver's License			
6		Current Auto Insurance Information			
7					
8		The authorization number for these services is:			
9		AUL			
10					<u> </u>
11					
12		IP Signature <i>(required)</i> – sign below			
13		_			
14					1
15					20
16		Date:	Month	Day	Year
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FAX OR MAIL THIS FORM TO PPL AT: Fax: 1-866-484-2142

Mail: ATTN: WA New Freedom, Public Partnerships, LLC, 20415 72<sup>nd</sup> Ave. S. #450, Kent, WA 98032