Submit request form to:
Bostwick d'Autremont, Inc.
11830 SW Kerr Parkway #375
Lake Oswego, OR 97035
Fax: 503-224-4306

Name: _____
Address: _____
_____
Claim No: _____
Driver's License Number: _____
Driver's License Expiration Date: _____
Auto Insurance Company: _____
Policy Number: _____
Expiration Date: _____

MILEAGE REIMBURSEMENT* — MUST BE APPROVED IN ADVANCE

***Requests over $50.00 will be sent to insurer for processing.**
Mileage received after the 10th of the month will be reimbursed the following month.
Please expect payment around the 10th of the month.

DATE	MILES	EMPLOYER CONTACT/OTHER LIST NAME, ADDRESS AND TELEPHONE NUMBER	CLASSES ATTENDED

[ ] See attached sheet for additional contacts. TOTAL MILES_____@ $0.56 PER MILE = $ _____

Worker Signature: _____ Date: _____

Counselor Signature: _____ Date: _____