## UTAH COUNCIL OF THE BLIND

PO Box 1415

Bountiful, Utah 84011-1415 Phone: 801-292-1156 · Fax: 801-292-6046

E-mail: ucb.board@gmail.com

## DRIVER/GUIDE REIMBURSEMENT REQUEST

Date: _				
Volunte	er Name:F	Phone:		
Street A	ddress:			<del></del>
City, Sta	ite, Zip:			
UCB Me	ember Served:	Phone:		
1.	The blind individual utilizing the Driver/Guide Program must have previously purchased coupons, which they will give you to accompany this voucher. No payment can be made unless the appropriate coupons are included with this reimbursement request form or a check from the blind participant is enclosed to cover the purchase of such coupons.	Date of Service	Odometer Readings Begin/End	Net Mileage
2.	Reimbursement may not be requested for services paid for through any other public or private agency or program, i.e. the DSBVI Deaf-Blind Support Service Provider Program or any Independent Living Program.			
3.	A separate form must be used for each member receiving services.			
4.	Reimbursement requests should be submitted at the end of each month for services rendered during that month. Reimbursement requests for periods in excess of 60 days prior will not be honored.			
5.	Allow two to four weeks from the date you send your reimbursement request for the payment to reach you.			
6.	I understand that I am responsible for compliance with all applicable federal, state, and local laws, including maintenance of appropriate levels of automobile insurance. I further understand that I am not acting as an agent of or on behalf of the Utah Council of the Blind, but as a volunteer for the blind member I am serving. I hereby indemnify the Utah Council of the Blind and its directors, officers, and representatives against all liability, loss, damages, costs, expenses, claims, suits, proceedings or actions arising		Total Miles	
	due to my provision of services. The obligation of the Utah Council of the Blind is limited solely to reimbursement for mileage at the specified rate.		Total Miles	
		Total Pmt	@ \$.50/mile	
Certifie	d Correct by Volunteer:			
Approved by:Approved by:(If over S				
	nt Signator:o be paid by UCB Credit Union)			