

Autism Spectrum Disorder Individualized Funding (ASD-IF)

Monthly Mileage Invoice Form: Expense Information

Instructions to complete this invoice form can be found on saskatchewan.ca/autism.

Child Information

Child First Name	Child Last Name	Health Services Number

Parent/Guardian Information*

Parent/Guardian First Name	Parent/Guardian Last Name	Email Address

*This is the information of the ASD-IF funding applicant. If you are not sure which parent is the funding applicant, please contact autismif@gov.sk.ca.

Month: _____

Date (MM/DD/YY)	Purpose of Travel [include eligible service/appointment type and location]	Distance (km)	Mileage Rate (\$)	Expense Amount (\$) [km x mileage rate]

Total (\$)

Printed Name (Parent/Guardian)

Date (MM/DD/YYYY)