

Senior Rides Program Request for Mileage Reimbursement

Driver Name: _____

Driver Address: _____ Phone : _____

Senior Passenger Name: _____ (Please indicate if trips are ONE-WAY or ROUND TRIP)

Date	Complete Start Address	Complete Destination Address (include Street #)	*Trip Purpose	Total Miles (Completed by ECTC)
Sample 7/1/15	20 Goldstar Hwy, Groton	L&M Hospital 400 Montauk Ave, New London	Medical Appt.	

* Trip purpose must be medical trips only. Return form to your senior center for review and they will forward the form to ECTC.

I as a passenger or driver understand by signing this document that I am releasing the Eastern Connecticut Transportation Consortium, Inc (ECTC), Towns of Bozrah, East Lyme, Groton, Griswold, Ledyard, Lisbon, Preston, Stonington, N. Stonington, Waterford, and the City of New London from any responsibility of any type of vehicle damage, injury and/or death caused by an accident during the voluntary transport for this program.

I understand that Eastern Connecticut Transportation Consortium, Inc (ECTC), and the Towns of Bozrah, East Lyme, Groton, Griswold, Ledyard, Lisbon, Salem, Stonington, N. Stonington, Preston, Waterford, and the City of New London are providing reimbursement of mileage under a Municipal Grant program allowing eligible passengers to chose their own driver. As such, these drivers are not trained or certified, nor have any checks such as safety inspections, verification of insurance, license checks or criminal checks been performed. I voluntarily allow this driver to transport me in his/her vehicle with full knowledge that I am riding at my own risk.

By signing this document, I am fully aware of all provisions stated above and agree to the terms and attest the above trip information is true:

Signature (Driver) _____ Date _____ Signature (Rider) _____ Date _____

Trips authorized: _____
Signature (Senior Center Representative) _____ Date _____

Circle Town Affiliation: Bozrah East Lyme Groton Griswold Ledyard Lisbon New London
 N. Stonington Preston Salem Stonington Waterford

(FOR ECTC OFFICE USE ONLY)

_____ x _____ = _____
Rate x Total miles Reimbursement Cost

Total Medical Trips: _____