

### SD MILEAGE REIMBURSEMENT FORM - MULTIPLE VEHICLES

This form may be used to reimburse mileage expenses for **service-related or personal activities when transportation is provided in multiple vehicles owned by:**

- (1) a participant/family who use multiple vehicles to transport multiple individuals;
- (2) a staff person who used multiple vehicles to take participants for service-related transportation; or
- (3) any person who uses multiple vehicles to take participants for personal related activities.

A separate SD Mileage Reimbursement Form is required for each Participant, Payee, Additional dates, or Budget line.

Participant Name: \_\_\_\_\_ For Month and Year \_\_\_\_\_

**For Multiple Vehicles Owned by Participant or Staff**

Payee (Vehicle Owner): \_\_\_\_\_

Vehicle owner is:  Participant/Family  Staff      Mileage Type is:  Service Related  Personal

**Service-Related Mileage (Transportation must coincide with an approved Plan activity)**

Date (mo/dy/yr)	Starting Location (Physical Address)	Destination (Physical Address)	Supported Activity	Miles Traveled	Name of Driver (Initials)	Vehicle Lic. Plate

Total service-related miles traveled for the month: \_\_\_\_\_

Total Miles \_\_\_\_\_ X Federal Mileage Rate \_\_\_\_\_ = \_\_\_\_\_ Total Requested Reimbursement

The vehicle owner name and signature are only necessary if the vehicle owner will be reimbursed for the mileage. The Self-Direction participant or his/her designee must sign in all cases. That signature will verify that mileage information is accurate.

**Signing and submitting false information may lead to a charge of Medicaid fraud.**

**Self Direction Participant:**

I certify that the travel shown above was necessary in order for me to receive the identified services and/or supports from my SD Plan.

\_\_\_\_\_  
Signature of Participant/Designee (required)      \_\_\_\_\_  
Date (mo/day/yr) (required)

**Vehicle Owner:**

I certify that I provided this transportation using my own vehicle.

\_\_\_\_\_  
Signature of vehicle owner seeking mileage reimbursement      \_\_\_\_\_  
Date (mo/day/yr) (required)

Participant: Original to FI