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SD MILEAGE REIMBURSEMENT FORM

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

- (1) a participant who uses his/her own vehicle;
- (2) a staff person who uses his/her own vehicle to take a participant for service-related transportation; or
- (3) any person who uses his/her own vehicle to take a participant for personal related activities.

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

Participant N	Participant Name: For Month and Year						
For Vehicle Owned by Participant or Staff							
ſ	Payee (Vehicle Owner):						
Vehicle own	er is: Participant/Famil	y 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)		
		Tota	I service-related miles traveled for the m	onth:			
Total Miles X Federal Mileage Rate =							
Total Miles		r cacrar wineage reac		Total Requ	ested 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 inform	nation may lead to a charge of Medica	aid fraud			
Signing and submitting false information may lead to a charge of Medicaid fraud. Self Direction Participant:							
I certify t	hat the travel shown abo	ove was necessary in or	der for me to receive the identified service	ces and/or support	s from my SD Plan.		
Signature of Participant/Designee (required) Date (mo/			e (mo/day/yr)	(required)			
Vehicle Ow		, ,					
	I provided this transport	ation using my own vehi	icle.				
		3 ,					
Ciarrad	valstala avan var viti			- (/-l / -)	(int)		
	vehicle owner seeking ı Original to FI	rilleage reimbursement	Date	e (mo/day/yr)	(required) Revised 4/18 ISS (JJ)		