TRANSPORTATION REIMBURSEMENT CLAIM FORM

Return by the 5th day of the month following service

Month: _____ Year: _____ Case Manager's Name: _____

Participant: _____ Case Number: _____

Address: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Miles							
Date							
Miles							
Date							
Miles							
Date							
Miles							
Date							
Miles							
Date							
Miles							

I request reimbursement for transportation expenses and declare under penalty of perjury that I and/or my driver have a current California Driver's License, and that the vehicle has current registration and insurance.

Participant's Signature: _____ **Date Submitted**: _____

For Office Use Only: Check One: ☐ WTW Case ☐ HSP ☐ FS ☐ AB429

Total Miles _____ X $ _____ / mi = $ _____ ☐ One Parent ☐ U (unemployed)

PJR Miles _____ X $ _____ / mi = $ _____ ☐ Two Parent ☐ E (employed)

Less Amount Advanced: - $ _____

Sub-Total = $ _____

Total Amount Claimed = $ _____

☐ The activities and mileage in this claim have been verified and are part of a current WTW Plan.

Case Manager _____ Date _____

Supervisor _____ Date _____

Manager _____ Date _____