

TRANSPORTATION & ANCILLARY EXPENSE AUTHORIZATION

PARTICIPANT: _____

DATE: _____

CASE NUMBER: _____

CASE MGR: _____

COMPONENT ASSIGNMENT: _____

CODE No: _____

PAYEE/VENDOR: Advance Payment

Reimbursement

Name: _____

Receipt/Forms Attached: _____

Address: _____

Payment Maximum _____

Item Description: _____

Cost: _____ PIN Number: _____

BUS PASS/TOKENS

PARTICIPANT NAME: _____

PERIOD OF AUTHORIZATION: _____

AMOUNT OF AUTHORIZATION: _____

TYPE OF AUTHORIZATION: Pass

SCRIP

TOKEN

ROUTING & AUTHORIZATION

Case Manager: _____
(signature)

Date: _____

E&T Supervisor: _____
(signature)

Date: _____

Program Manager: _____
(signature)

Date: _____

Director/Asst. Director: _____
(signature)

Date: _____

CASE STATUS

Assistance

Non-Assistance

Family Stabilization

State-Only (check only when status changes to State-Only)

One-Parent

Two-Parent

Linkages

CHECK RECEIVED/MAILED BY

Signature: _____

Check Num: _____

Date: _____

Paid on: _____ by: _____
(date) (initials)