

\*\*\*SAMPLE\*\*\*

**SD MILEAGE REIMBURSEMENT FORM**

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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;
- (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 Name:     \*\*Sally Jones\*\*     For Month and Year     January 2018    

**For Vehicle Owned by Participant or Staff**

Payee (Vehicle Owner):     \*\*Nancy Lee\*\*     (required - Payee on all requests)

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

**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)
<b>**IMPORTANT NOTES**</b>					
Location – Address or Point of interest should be searchable on Google or MapQuest. Name of Driver – ‘Name’ if different than Payee; ‘Initials’ only if same as Payee. All lines/columns must be completed to be reimbursed. Arrows and Ditto Marks (“”) are not acceptable.					
1/1/2018	Rabro Dr., Hauppauge	Smithtown Mall	Supported with shopping, dinner, movie	4.8 rt	Nancy Lee
1/12/2018	LIU Post Campus	N Country Rd Smithtown	Library - assisted w/ school research	27	N. L.
1/13/2018	Rabro Dr., Hauppauge	1 E Main, Smithtown	Assisted @ Bank w/ check cashing	4.2	N. Lee
1/13/2018	1 E Main, Smithtown	N Country Rd Smithtown	Library - assisted w/ school research	3	N. L.
13-Jan	Library	LIU Post Campus	Help in class - assist w/ note taking	27	NL
13-Jan	LIU Post Campus	Adams Ave, Hauppauge	The Grill-Dinner after class (money skills)	22	NL
1/13/2018	The Grill	Rabro Dr., Hauppauge	Home for the day	2.7	NL
Total service-related miles traveled for the month:				<b>90.7</b>	

} same day

Total Miles     90.7     X Federal Mileage Rate     \$0.545     =     \$ 49.43      
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.  
**\*\*Sally Jones or Designee Signature\*\***     1/30/18      
Signature of Participant/Designee (required) Date (mo/day/yr) (required)

**Vehicle Owner:**

I certify that I provided this transportation using my own vehicle.  
**\*\*Nancy Lee Signature\*\* SAMPLE (Payee Signature - Required)**     1/30/18      
Signature of vehicle owner seeking mileage reimbursement Date (mo/day/yr) (required)