

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 2019

For Vehicle Owned by Participant or Staff

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

Vehicle owner is: Participant/Family Staff (required) Mileage Type is: Service Related Personal (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)
IMPORTANT NOTES					
Sample	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.				**Sample**
1/1/2019	Rabro Dr., Hauppauge	Smithtown Mall	Supported with shopping, dinner, movie	4.8 rt	Nancy Lee
1/12/2019	LIU Post Campus	N Country Rd Smithtown	Library - assisted w/ school research	27	N. L.
1/13/2019	Rabro Dr., Hauppauge	1 E Main, Smithtown	Assisted @ Bank w/ check cashing	4.2	N. Lee
1/13/2019	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
1/13/2019	The Grill	Rabro Dr., Hauppauge	Home for the day	2.7	NL

} same day

Total service-related miles traveled for the month: **90.7**

Total Miles 90.7 X Federal Mileage Rate \$0.580 = \$ 52.61
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** 1/30/19
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) 1/30/19
Signature of vehicle owner seeking mileage reimbursement Date (mo/day/yr) (required)