SAMPLE ***SAMPLE***

ISS INDEPENDENT SUPPORT SERVICES INC.
Make your Own Path

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 **Owen Ellis** For Month and Year January 20xx

For Vehicle Owned by Participant or Staff

Payee (Vehicle Owner): **Carlos Medina** *(required - "Payee", "Owner type" and "Mileage type" on all requests)*

Vehicle owner is: ☐ Participant/Family ☑ Staff (Check one) Mileage type is: ☑ Service-related ☐ Personal (Check one)

Comments: ***SAMPLE*** **Comments about information on form, address information (ex. Home=Rabro Dr., Hauppauge), or other information to be communicated to ISS *(include name of Driver if not Payee)*

Service-related Mileage (Transportation must coincide with an approved Plan activity)

Date (MM/DD/YY)	Starting Location (Physical address)	Destination (Physical address)	Support Activity	Miles Traveled	Driver Initials
01/13/20xx	Home	1 E Main, Smithtown	Assisted@ bank with check cashing	4.2	NL
01/13/20xx	1 E Main, Smithtown	N Country Rd, Smithtown	Library - assisted with school research	3	NL
01/13/20xx	Library	LIU Post Campus	Help in class, assist with note taking	27	NL
01/13/20xx	LIU Post Campus	Adams Ave, Hauppauge	The Grill - Dinner after class (money skills)	22	NL
01/13/20xx	The Grill	Home	Return Home for day	2.7	NL

Same Day

Important Notes
Location - Address or Point of Interest should be researchable on Google or MapQuest.
All lines/columns must be completed to be reimbursed.
Arrows and Ditto Marks (") are not acceptable.

Total miles traveled: 58.9

Total Miles 58.9 **X Federal Mileage Rate** as per www.irs.gov **=** 0.00 **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.

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.

Maxine Ellis ***SAMPLE*** — 02/01/20xx

Signature of Participant/Designee (Required) **Owen Ellis** **Date: (MM/DD/YY) (Required)**

Vehicle Owner: I certify that I provided this transportation using my own vehicle.

Carlos Medina ***SAMPLE*** — 02/01/20xx

Signature of vehicle owner seeking mileage reimbursement **Carlos Medina** **Date: (MM/DD/YY) (Required)**

Signing and submitting false information may lead to a charge of Medicaid fraud

SAMPLE

ISS INDEPENDENT SUPPORT SERVICES INC.
Make your Own Path

SAMPLE

Participant **Owen Ellis** For Month and Year January 20xx

For Vehicle Owned by Participant or Staff

Payee (Vehicle Owner): **Carlos Medina**

Date (MM/DD/YY)	Starting Location (Physical address)	Destination (Physical address)	Support Activity	Miles Traveled	Driver Initials
1/15/20xx	Home	1730 Veterans Memorial Highway, Islandia, NY	Stop & Shop - Money Mgmt	3.4	NL
1/15/20xx	Stop & Shop	Home	Return Home	3.4	NL
1/18/20xx	Home	38 Vanderbilt Motor Pkwy, Commack	Assist at Vol. Site - (mom P/U)	5.1	NL
1/20/20xx	Home	LIU Post	assisted in class	24.7	NL
1/20/20xx	LIU Post	N Country Rd, Smithtown	Library - assisted w/ research	27	NL
1/25/20xx	Home	38 Vanderbilt Motor Pkwy, Commack	Assist @ Vol. Site	5.1	NL
1/25/20xx	38 Vanderbilt Motor Pkwy, Commack	390 Rabro Dr. Hauppauge	Return Home	5.1	NL

Total miles traveled: 73.8

Total Miles 73.8 **X Federal Mileage Rate** as per www.irs.gov **=** 0.00 **Total Requested Reimbursement**

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.

Maxine Ellis ***SAMPLE*** 2/1/20xx

Signature of Participant/Designee (Required) **Owen Ellis** **Date: (MM/DD/YY) (Required)**

Vehicle Owner: I certify that I provided this transportation using my own vehicle.

Carlos Medina* ***SAMPLE* 2/1/20xx

Signature of vehicle owner seeking mileage reimbursement **Carlos Medina** **Date: (MM/DD/YY) (Required)**

Signing and submitting false information may lead to a charge of Medicaid fraud

Remit to: P.O. Box 1320, Monticello, NY 12701

Rev 5/31/18