

# MUST BE RECEIVED BY EXPRESS ON THE LAST DAY OF THE MONTH IN ORDER TO RECEIVE CHECK BY 10<sup>TH</sup> OF THE FOLLOWING MONTH

SPREADSHEET

OFFICE: 406-542-0323 | FAX: 406-543-7288 3709 Brooks Street | Missoula, MT 59801

<b>Date:</b> (MM/DD/YYYY)	Odometer Start: ex. 100,000	Odometer End: ex. 100,020	-	p Purpose:	RIZED	Total # of Miles:
(IVIIVI) DD) TTTT		CA. 100,020		101111		IVIIIes:
	<del></del>					
					<del></del>	
	ISE AND LIABILITY INSU submit copies of transportation of					
Provider's Signa	ature:					
_	IS AN ACCURATE STATEMENT OF	: THE DATES AND SERVICES I L'	ISTED ABOVE.	_		
Provider's Printed	d Name:			_		
Social Security N	umber:			_		
Mailing Addrage:				Dhone		
Mailing Address:				Phone:		
				_		
				_		
Client (or Guard	lian) Signature:					
	IE VEHICLE WHEN THE ABOVE TR	RANSPORTATION SERVICES WE	ERE PROVIDED.	_		
Client Printed Nar				_	OFFICIAL US	E ONLY
	Please print name	e of client receiving DD s	services.		DRIVERS LICENSE	
					VEHICLE INSURAN	1CE

#### **SEE BACK FOR INSTRUCTIONS**

# How to Complete the Mileage Reimbursement Form:

If your client is approved for mileage reimbursement, please complete the form correctly.

#### 1. Dates:

Please allow one entry per line. One week's worth of mileage on one line is not permitted. Even if you go to the same place throughout the week, you need to list the accurate odometer readings and specific trip purposes per day.

#### 2. Odometer Readings

Odometer readings must be accurate. Always double-check your work. I determine your total mileage based on what you list in the Odometer Start and Odometer Finish columns, not what you put in the Total Mileage column.

#### 3. Trip Purposes

The State of Montana requires trip purposes to be specific to your client's needs. Trips must be approved activities listed in your client's Personal Support Plan. Please be specific and make sure your trips are relevant. **You cannot list the name of a town as a trip purpose.** Please consult with your client and/or their guardian to review their approved activities.

### 4. Signatures:

Your signature and the client's/or guardian's signature are required.

Please call me with any questions. Thank you for your hard work and dedication.

## Naomi Birkett

Developmental Disabilities Program Coordinator

Express Employment Professionals 3709 Brooks St. | Missoula, MT 59801 Office: 406-542-0323 | Fax: 406-543-7288

