

**Non-Medical Mileage - (shopping, errands, etc.)**



Date:	Where:	Odometer start:	Odometer end:	Total Miles:
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**Medical Mileage Reimbursement** All medical mileage must be called into Medicaid Transportation and approved for mileage reimbursement.  
**Call Medicaid Transportation at 1-800-292-7114 or 406-443-6100.**



**Big Sky Waiver & SDMI Services and Medical Mileage**



Employee Name: \_\_\_\_\_

Last Four Digits of Social Security # \_\_\_\_\_ Express Job # \_\_\_\_\_

Employee Signature \_\_\_\_\_

*By signing here I certify that I worked the hours recorded and completed the work tasks assigned*

Date - \_\_\_\_\_

*Last Day of Service*

Member Signature \_\_\_\_\_

*By signing here I certify that the employee has worked the hours recorded and completed the tasks assigned.*

Date - \_\_\_\_\_

*Last Day of Service*

***Misrepresentation constitutes fraud.***

**OFFICE USE ONLY:**

Express Initials \_\_\_\_\_

Date: \_\_\_\_\_

August 2021

**DID YOU KNOW YOU CAN SUBMIT YOUR TIMESHEETS ONLINE? GO TO [Expressproshealthcare.com](https://Expressproshealthcare.com)**

Member Name: \_\_\_\_\_

Pay Period End Date: \_\_\_\_\_