

Transportation Mileage Reimbursement Request

Complete all relevant fields below to receive a reimbursement for Transportation Mileage Reimbursement. Payment will be generated on the next payroll cycle according to the PAODP Payroll Schedule, after Palco has processed this form, which may take up to five (5) business days.

REQUIRED INFORMATION	
CLE Name	ID
SSP Name	ID
Participant Name	ID

Individual Requesting Transportation Mileage Reimbursement:	
<input type="checkbox"/> Support Service Professional (SSP)	<input type="checkbox"/> Common Law Employer (CLE)

All SSPs or CLEs that provide Transportation to the participant must have the following information on record with Palco.

1. A copy of valid **Driver's License** showing state licensed under, license number, and expiration date.
2. A copy of the current state **Motor Vehicle Registration**.
3. A copy of **Automobile insurance** certificates for all automobiles owned, leased, and/or hired with policy numbers and expiration dates.
4. A Copy of the **Inspection Sticker** (front and back) or the invoice from the inspection station.

All mileage will be paid at the standard mileage rate set by the Internal Revenue Service as dictated in the program rules. ***Mileage will be paid per trip. A trip is defined as from the point of pick-up to the destination while the participant is in the car as identified in the service plan.***

REQUIRED INFORMATION FOR REIMBURSEMENT			
Begin Date of Request	End Date of Request	Total Miles Driven	Transportation Mileage Log Attached*
			<input type="checkbox"/>

Please submit all miles driven as a whole number, if submitted as a decimal it will be rounded down for payment and processing as fractions of units cannot be billed.

***A Transportation Mileage Log must be completed and submitted with this form.**

By signing this form, I attest that the SSP/CLE is qualified to render this service and has met the waiver qualification criteria that is outlined in Appendix C of the current approved Waivers. I also attest that services were delivered and received consistent with the Individual Support Plan.

CLE Signature

Date

Transportation Mileage Log

REQUIRED INFORMATION				
Participant Full Name			Participant ID	
CLE Full Name			CLE ID	
SSP Full Name			SSP ID	
DATE	POINT OF FIRST PICK-UP AND SERVICE DESTINATION	REASON FOR TRANSPORTION	More than one Participant	MILES DRIVEN <i>*Whole numbers only*</i>
Total Miles Driven: <i>*Whole numbers only*</i>				

Please submit all miles driven as a whole number, if submitted as a decimal it will be rounded down for payment and processing as fractions of units cannot be billed. All mileage will be paid at the standard mileage rate set by the Internal Revenue Service as dictated in the program rules. ***Mileage will be paid per trip. A trip is defined as from the point of pick-up to the destination while the participant is in the car as identified in the service plan.***

Please return this form to Palco via email: accounting@palcofirst.com or via fax to 1.877.859.8757 or mail to PO Box 242930, Little Rock, AR 72223.

By signing this form, I attest that the above information is accurate and correct.

 CLE Signature

 Date

 SSP Signature

 Date