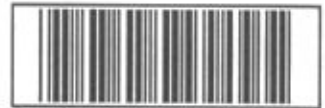


**Shopping, CI, Waiver, BSB, Private Pay
Mileage Reimbursement Form**



Sunday that started this work week.

01	/	01	/	17
MM		DD		YY

Service Code

C	F	C	A	0	0	8	0
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For the week of service, mileage forms are due the following Monday by Midnight. You may fax, drop off, or email your timesheets. Mail is discouraged as it can not guarantee timely pay. Forms are due every week. Due to the timing of the payroll cycle, late forms will result in late pay. Mileage forms must be signed AFTER all work is completed. Advance forms will not be accepted. **DO NOT** use this Mileage Reimbursement Form for Medical Escort Mileage.

Employee Name (Please Print)	Employee ID	Member Name (Please Print)	Member ID
John Smith	1002345	Jane Doe	1234567

Service Date (MM/DD)	Round to the nearest mile		Mileage	Purpose of Trip & Specific Location
	Odometer Start	Odometer End		
1 01/02	457	462	005	Grocery shopping - Albertsons 10th Ave So - 23rd St.
2 01/03	470	473	003	Prescription pick-up - Walgreens 10th Ave So - 22nd St.
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

I certify that the hours and services indicated above were provided to the Member by the Employee as recorded in accordance with the Support & Spending Plan. The Member was NOT in a hospital, nursing home, or institution. Falsification of this time sheet is considered Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution.

Employee Signature

Sample

Date (MM/DD/YY)

01	/	03	/	17
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Member/PR Signature

Sample

Date (MM/DD/YY)

01	/	03	/	17
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Drop Off: 3301 Great Northern Ave. Ste 203 Missoula, MT 59808

17775

Fax: 1-855-486-7246

Email: cdmmts@consumerdirectcare.com

