

Shopping, CI, Waiver, Private Pay Mileage Reimbursement Form



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.

Sunday that started this work week.

MM	DD	YY

Employee Name (Please Print)	Employee ID	Member Name (Please Print)	Member ID

Round to the nearest mile

Service Date (MM/DD)	Odometer Start	Odometer End	Mileage	Service Code
1 <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/> CFC/PAS <input type="radio"/> Private Pay/Waiver

Purpose of Trip & Specific Location:

Service Date (MM/DD)	Odometer Start	Odometer End	Mileage	Service Code
2 <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/> CFC/PAS <input type="radio"/> Private Pay/Waiver

Purpose of Trip & Specific Location:

Service Date (MM/DD)	Odometer Start	Odometer End	Mileage	Service Code
3 <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/> CFC/PAS <input type="radio"/> Private Pay/Waiver

Purpose of Trip & Specific Location:

Service Date (MM/DD)	Odometer Start	Odometer End	Mileage	Service Code
4 <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/> CFC/PAS <input type="radio"/> Private Pay/Waiver

Purpose of Trip & Specific Location:

Service Date (MM/DD)	Odometer Start	Odometer End	Mileage	Service Code
5 <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/> CFC/PAS <input type="radio"/> Private Pay/Waiver

Purpose of Trip & Specific Location:

Service Date (MM/DD)	Odometer Start	Odometer End	Mileage	Service Code
6 <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/> CFC/PAS <input type="radio"/> Private Pay/Waiver

Purpose of Trip & Specific Location:

Service Date (MM/DD)	Odometer Start	Odometer End	Mileage	Service Code
7 <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/> CFC/PAS <input type="radio"/> Private Pay/Waiver

Purpose of Trip & Specific Location:

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

Date (MM/DD/YY)

Member/PR Signature

Date (MM/DD/YY)



Mileage Reimbursement Instructions

These items must be completed for your timesheet to be processed:

- Employee Name
- Employee ID
- Sunday that Started this Pay Period
 - Example: if the first day worked was Tues. the 12th, this would be Sun. the 10th.
- Member Name
- Member ID
- Employee Signature & Date
 - Date must be on or after the last day worked.
- Member Signature & Date
 - Date must be on or after the last day worked.

Each line of time must include:

- Service Date (MM/DD format)
- Odometer Start (last 3 digits)
- Odometer End (last 3 digits)
- Total Mileage (round to nearest mile)
- Service Code
- Purpose of Trip

Make sure your mileage form is filled out completely and correctly, with all entries made neatly inside the boxes. Payment may be delayed if letters or numbers are not printed neatly inside the boxes WITHOUT touching any lines, or are not readable.

Please continue on a second mileage form if you run out of room on the first. Bold items on the list to the left must also be filled in on the second form.

For best results use BLACK ink

Making Corrections

If you make a mistake **before** turning in your timesheet, cross out the incorrect line and rewrite the information on the next blank line like this:

The diagram shows two rows of a timesheet form. Row 9 has a date of 03/12, time 02:15, and AM/PM radio buttons. This row is crossed out with a diagonal line. Row 10 has a date of 04/01, time 02:15, and AM/PM radio buttons. A green speech bubble with 'YES: ✓' points to the correct correction.

Do not write over the top of incorrect information like this:

The diagram shows two rows of a timesheet form. Row 1 has a date of 03/09, time 09:00, and AM/PM radio buttons. Row 2 has a date of 03/09, time 04:00, and AM/PM radio buttons. The top of row 2 is written over the bottom of row 1. A red speech bubble with 'NO: X' points to the incorrect correction.

If you make a mistake and the timesheet gets returned to you for corrections, you **must** fill out a new timesheet.

Mileage Service Codes	
Service	Service Code
CFC	CFCA0080
PAS	CFCA0080
Private Pay	MILEAGE
Waiver	MILEAGE

