


Make sure your timesheet is filled out completely and correctly. All entries must be printed neatly inside the boxes, without touching any border (see examples below). Service bubbles must be filled completely. If letters or numbers are not within the boxes, or are not readable, payment may be delayed. Each shift worked must include Service Date, Odometer Start, Odometer End, Mileage, Purpose of Trip & Location, and Service Code.


Fill circles like this: ● ● ● ●	Not like this: ☑ ✗ ⓧ									
Fill boxes like this: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px 5px;">A</td><td style="padding: 2px 5px;">B</td><td style="padding: 2px 5px;">C</td><td style="padding: 2px 5px;">1</td><td style="padding: 2px 5px;">2</td><td style="padding: 2px 5px;">3</td></tr></table>	A	B	C	1	2	3	Not like this: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px 5px;">ABC</td><td style="padding: 2px 5px;">12</td><td style="padding: 2px 5px;">3</td></tr></table>	ABC	12	3
A	B	C	1	2	3					
ABC	12	3								

- 1. Employee Name.** Print Employee's Name.
- 2. Employee ID.** First seven digits of employee ID number.
- 3. Member Name.** Print Member's Name.
- 4. Member ID.** Seven digit member ID number.
- 5. Sunday that Started this pay period.** The date of the Sunday at the beginning of the pay period, in MM/DD/YY format. For example, if the first day of the week you worked was Tuesday, 5/22/18, then this would be **5/20/18**.
- 6. Service Code.** The code for the service you performed this pay period. Start your code in the FIRST box. Leave any extra boxes empty.
- 7. Service Date.** The date services were provided, in MM/DD format.
- 8. Odometer Start.** Your odometer reading at the start of your trip. Round to the nearest mile.
- 9. Odometer End.** Your odometer reading at the end of your trip. Round to the nearest mile.
- 10. Mileage.** Total mileage for your trip. Round to the nearest mile. (Odometer End – Odometer Start = Mileage)
- 11. Purpose of Trip and Specific Location.** List the required details of your trip here.
- 12. Employee Signature.**
- 14. Member Signature.**



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.

Employee Name (Please Print) _____

Employee ID _____

Member Name (Please Print) _____

Member ID _____

Sunday that started this work week: **5** / ____ / ____

MM DD YY

Service Date (MM/DD)	Odometer Start	Odometer End	Mileage	Service Code	Purpose of Trip & Specific Location
7 / /	8	9	10	6	11
2 / /					
3 / /					
4 / /					
5 / /					
6 / /					
7 / /					

I certify that the hours and services indicated above were provided to the Member by the Employee as recorded in accordance with Support & Spending Plan. The Member 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 _____

Member/PR Signature _____

Date (MM/DD/YY) _____


Date (MM/DD/YY) _____

Drop Off: 100 Consumer Direct Way Ste 145 Missoula, MT 59808

Fax: 1-855-486-7246

Email: cdmtrts@consumerdirectcare.com

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- 13. Employee Signature Date.** In MM/DD/YY format. This must be **on or after** the last day worked
- 15. Member Signature Date.** In MM/DD/YY format. This must be **on or after** the last day worked