

Monthly Transportation Reimbursement Request

DMH ID #:		ndividual's Name:		
Individual is: \square Employed in the community		☐ Enrolled/attending Post secondary school and/or Pre-Employment Program		
Sevice Coor	dinator/Case Manager:			
Reimbursem In order for t	ent Check list and all supporting Email reimbursement requi he request to be processed processed	posible for submitting this form along with the documentation to the DDRB. ests to transportation@ddrb.org of of current employment (most recent paych ecent class schedule or acceptance letter) mus	eck stub) or proof of	
Date	Type (Selec	t from drop down below)	Amount	
,				
		Total to be paid:		
		ed within 90 days from the date the expense ompleted by DDRB Staff***********************************		
Lifatima Ama	ount Remaining: \$	Staff Initials:		

Transportation Stipend Reimbursement Check List

The case manager/service coordinator is responsible for submitting this checklist along with the supporting documentation reimbursement request form.

The employment agency is responsible for maintaining all required supporting documentation listed below for

Customer Name	Date
Lead Agency / CN	M / SC
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Mot	tor Vehicle Purchase
	Proof of valid driver's license (Expiration date:)
	Proof of ownership
	Proof of current insurance
	Proof of Kelley Blue Book vehicle valuation
	Bill of sale (copy of receipt)
	Sales tax (copy of receipt required only if requesting reimbursement)
	Initial licensing fees (copy of receipt required only if requesting reimbursement)
5.4	. with B
Mot	tor Vehicle Repair
	Proof of ownership
	Proof of valid driver's license
	Proof of current insurance
	Receipt(s) for repair or parts
Driv	ver Education/Driver Training
	Driver's Permit
	Driver's Assessment Results
	Receipt(s) for Driver Education/Driver Training
Puk	olic Transit
	Paid Receipt(s) (include name of business, address, contact information, date of service and amount)
Priv	vate Transit
	Paid Receipt(s) (include name, address, contact information, date of service and amount)