



Transportation Stipend Reimbursement Request Form

Below are the qualifying expenses that can be reimbursed with valid documentation.

A. Individual Information (PRINT clearly):

First & Last Name: _____ DMH ID: _____
 Street address: _____ City: _____ State: _____ Zip: _____
 Phone No. _____ Case Manager (if applicable): _____

B. How are you qualified? (SELECT one):

- Employed in the community Enrolled/attending post-secondary school and/or Pre-Employment Program

Proof of current employment (most recent paycheck stub) or Proof of attendance in postsecondary school (most recent class schedule or acceptance letter) **must be submitted with this request form.**

C. Qualified Expense(s):

Each section lists the documents that **must be submitted with this request form** within 90 days of the date the expense occurred.

Motor Vehicle Purchase (Individual must be listed as an owner on the title of the vehicle purchased)

- Proof of valid driver’s license (Expiration date : _____)
- Proof of ownership (title)
- Proof of current insurance (Individual must be listed on the policy)
- Proof of Kelley Blue Book vehicle valuation
- Bill of sale receipt
- Sales tax receipt (copy of receipt required only if requesting reimbursement)
- Initial licensing fees (copy of receipt required only if requesting reimbursement)

REIMBURSEMENT REQUESTED: \$ _____

Motor Vehicle Repair (Individual must be listed as an owner on the title of the vehicle purchased)

- Proof of ownership (title)
- Proof of valid driver’s license
- Proof of current insurance (Individual must be listed on the policy)
- Paid receipt(s) for repair or parts

REIMBURSEMENT REQUESTED: \$ _____

Driver Education/Driver Training

- Driver’s Permit
- Driver’s Assessment Results
- Receipt(s) for Driver Education/Driver Training

REIMBURSEMENT REQUESTED: \$ _____

Transportation by a Public Transit

- Paid Receipt(s) (include name of business, address, contact information, date of service and amount)

REIMBURSEMENT REQUESTED: \$ _____

Transportation by a Private Transit

- Paid Receipt(s) (include name, address, contact information, date of service and amount)

REIMBURSEMENT REQUESTED: \$ _____

D. Send/submit this completed form with required documentation within 90 days of the date the expense occurred. Mail to:

DDR B
 1025 Country Club Rd.
 St. Charles, MO 63303

or

Email to:
transportation@ddrb.org