

MAINE DEPARTMENT OF HEALTH & HUMAN SERVICES
Reimbursement for Transportation Services Mileage
Reimbursement

PAY TO:
Full Name:

Remit to Mailing Address:

Vendor #:

Today's Date:

Transportation for Client/Person:

Client A#:

Case ID:

Case Name, if different:

Caseworkers Name:

Date of Travel & Name of the Child	Enter Town to Town to Town	Service Codes: *See Below	R92 Travel Reason:	Actual Miles	Amount @ \$.54 per Mile	Other Expenses; Attach receipt

TOTALS:						
GRAND TOTAL:						

*Service Codes for Transportation: **M92** for visit to MaineCare provider or service; **N92** Visit with the child's parent; or **R92** All Other (must indicate in "R92 Travel Reason")

I am not requesting reimbursement for this transportation from any other public or private entity or organization.

Submitter's Signature
Caseworker's Signature
Supervisor's Signature

NOTE: Travel must be submitted within 90 days of the earliest travel requested on the form. Requests submitted beyond 90 days will not be processed or paid.