MAINE DEPARTMENT OF HEALTH & HUMAN SERVICES **Reimbursement for Transportation Services Mileage Reimbursement**	
PAY TO: **Full Name:** Jon Snow	
Remit to Mailing Address: 111 Winterfell, Maine 01234	
Vendor #: VS or VC 0000021164	**Today's Date:** 1/30/26
Transportation for Client/Person: Arya Stark	
Client A#: A1234B567C8	**Case ID:** P-000000000
Case Name, if different: Catelyn Stark	
Caseworkers Name: Samwell Tarly	

Date of Travel & Name of the Child	**Enter Town to Town to Town**	**Service Codes: *See Below**	**R92 Travel Reason:**	**Actual Miles**	**Amount @ $.56 per Mile**	**Other Expenses; Attach receipt**
1/1/26 Arya	Winterfell to Kings Landing to Winterfell	M-92	N/A	50	28.00	tolls $8.00
1/7/26 Arya	Winterfell to Braavos to Winterfell	N-92	N/A	8	14.28	
1/15/26 Arya	Winterfell to Kings Landing to Winterfell	R-92	Court Hearing	50	15.12	
1/16/26 Arya and Sansa	Winterfell to Braavos to Winterfell	N-92	N/A	5	2.8	* the other 4 miles goes on Sansa's

				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.