

REQUEST FOR MILEAGE REIMBURSEMENT

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MILEAGE SHEET SUBMISSION DEADLINE SCHEDULE ON Page 2 (flip sheet over) TOTAL of all pages

RETUR	<u>N</u> : Basin Transit,62405 Verbena Rd, JT	, CA 92252 I	PH:760-366-2765	FAX:760-6	21-4261 TREP@b	asin-transit.com
Rider Naı	me:Dr	iver Name		N	IONTH OF TRAVEL	YR
TRIP DATE	ADDRESS (exact loc Every ONE WAY trip listed below must Bi Basin Transit service area (EGIN or END <mark>at a</mark> i	ny address in the	REASO (see Reason below	Check Box (Return Trip not	MILEAGE START MILEAGE END
	START FROM: (1 Location ONLY)					
	GO TO: (1 Location ONLY)			<u></u>		
	START FROM: (1 Location ONLY)					
	GO TO: (1 Location ONLY)			←		
	START FROM: (1 Location ONLY)					
	GO TO: (1 Location ONLY)					
	GO TO: (1 Location ONLY)					
	START FROM: (1 Location ONLY)				<u></u>	
	GO TO: (1 Location ONLY)			<u></u>		
	START FROM: (1 Location ONLY)				<u></u>	
	GO TO: (1 Location ONLY)			<u></u>	<u> </u>	
REASO	NS: 1=Medical/Pharmacy 2=Pers 7=Other: (You must specify) 8=RETURN HOME 9=Post Office 10=Pay Bills (<u>3</u> =Shopping =Veterinarian	<u>4</u> =Banking 12=Food Bank	<u>5</u> =Visit family/frie — 13=Dining <u>1</u>	nds <u>6</u> =Work <u>4</u> =Religious Event
	or signing my name below, I certify that I ha					
RIDER'S	SIGNATURE:		(Mileage NO	T PAID without R	ider signature) Date: _	
	or signing my name below, I certify that I ha	ave driven the Ri	der on all trips note	d above.		
DRIVER'	S SIGNATURE:		(Mileage NOT	Γ PAID without Di	river signature) Date: _	

Mileage forms for:		Must be Received IN MY OFFIC	Reimbursement paid by:		
January trips ONLY	\rightarrow	February 10, 12:00pm NOON	\rightarrow	\rightarrow	4 th Friday February
February trips ONLY	\rightarrow	March 10, 12:00pm <u>NOON</u>	\rightarrow	\rightarrow	4 th Friday March
March trips ONLY	\rightarrow	April 10, 12:00pm <u>NOON</u>	\rightarrow	\rightarrow	4th Friday April
April trips ONLY	\rightarrow	May 10, 12:00pm <u>NOON</u>	\rightarrow	\rightarrow	4th Friday May
May trips ONLY	\rightarrow	June 10, 12:00pm <u>NOON</u>	\rightarrow	\rightarrow	4th Friday June
June trips ONLY	\rightarrow	July 10, 12:00pm <u>NOON</u>	\rightarrow	\rightarrow	4th Friday July
July trips ONLY	\rightarrow	August 10, 12:00pm <u>NOON</u>	\rightarrow	\rightarrow	4th Friday August
August trips ONLY	\rightarrow	September 10, 12:00pm NOON	\rightarrow	\rightarrow	4th Friday September
September trips ONLY	\rightarrow	October 10, 12:00pm <u>NOON</u>	\rightarrow	\rightarrow	4th Friday October
October trips ONLY	\rightarrow	November 10, 12:00pm NOON	\rightarrow	\rightarrow	4th Friday November
November trips ONLY	\rightarrow	December 10, 12:00pm NOON	\rightarrow	\rightarrow	4th Friday December
December trips ONLY	\rightarrow	January 10, 12:00pm <u>NOON</u>	\rightarrow	\rightarrow	4th Friday January

RIDER CERTIFICATION:

I certify that all information provided is true and accurate and that all travel was completed as reported. I understand that I am not eligible for participation in the Transportation Reimbursement Escort Program (TREP) if I am able to use any other form of public or private transportation AND certify that I have no other form of transportation available. I further certify that my volunteer driver is not an employee of Basin Transit and I understand and agree that neither Basin Transit, nor its funding sources assume any liability for claims, losses, or liabilities arising out of, or in any way connected with my participation in TREP. I agree to abide by all TREP policies and understand that failure to do so may result in my becoming ineligible for continued participation in the Program.

- > If I choose to email completed mileage sheets for reimbursement to Basin Transit, I am responsible to insure they are received by Basin Transit.
- > I understand all reimbursements are paid to me, the TREP client, and, when received, are paid to my volunteer driver.