

# INSTRUCTIONS FOR COMPLETING TRANSPORTATION REIMBURSEMENT FORM

\* FORM MUST BE COMPLETED TO RECEIVE REIMBURSEMENT \*

1. Enter the **Requestor's name** and phone number. The "Requestor" is the passenger who was transported.
2. **Eligibility**—Check every box that applies. We need to know if you are a Tribal Member, the Spouse or widow/er of a TM, are an Elder or have a disability or if you are a Vet.
3. Check the box indicating what type of reimbursement you are requesting. It will be either
  - a. for using a public transport service (must attach receipts) or
  - b. for paying someone else to drive you
4. Check the appropriate box for the **purpose of transportation** and enter the dates traveled.
5. Enter the address where your trip began
6. Enter the address where your trip ended and the name of the medical facility if applicable
7. Check whether it was a one-way or round trip.
8. **Driver Verification**—if you had someone drive you, they must complete this section. This is a reimbursement program. The Tribe can only pay you if you paid for the driver's mileage. Use the calculation shown in the Driver Verification box on the form. (The rate is set by the Government and may change without notice.) Do not include gas receipts.
9. If you were transported to a **medical** related **appointment**, you must provide **verification** of the appointment. Either get an authorized signature from the medical facility or attach proof of the appointment.
10. The Requestor must sign and date the form
11. Return the form and any receipts to the Mobility Program Coordinator.

## **CIT Mobility Coordinator**

Phone: 541-888-9494

Toll Free: 1-800-344-8583

Cell: 541-808-8165

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