

Idaho MVMC & FDS Mileage Reimbursement Instructions

Ensure the Mileage Reimbursement form is accurate, legible and submitted on time, according to the Payment Schedule. All entries should be made within the boxes and black ink is preferred. If the letters or numbers are not within the boxes or are not clear, and/or the form is submitted after the scheduled due date, this will result in late payment.

Use the checklist below to make sure the Mileage Reimbursement form is correct before it is submitted.

Employee Name is clear (LAST NAME, FIRST NAME)
Employee ID is clear
Participant Name is clear (LAST NAME, FIRST NAME)
Participant ID is clear
Employee signed and dated
Participant or Authorized Representative signed and dated
Service Dates (the date the miles were driven) are clearly listed
Mileage is clearly listed – The total amount of miles driven rounded to the nearest mile
Service Code is provided – use the following letter code: TSM

Email, fax, or mail the Mileage Reimbursement form by the due date provided on the Payment Schedule. If you have any questions, contact our Customer Service team at (866) 496-9139.

Mail: 5416 E. Baseline Rd, Suite 200, Mesa, AZ 85206

Fax: (855) 264-3290

Email: Payroll-ID@acumen2.net