



## 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

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