

MT Vendor Transportation-Mileage Reimbursement Form

This reimbursement form should be used for any transportation that was NOT provided by an employee in their own vehicle. Employees providing transportation in their own vehicle should use the Montana Self Directed Employer Option Mileage Form. *A copy of the driver's license, proof of insurance and current registration for the driver and vehicle used to transport a participant must be attached every time this form is submitted for payment. A W-9 must be on file for the person listed in Box C.

A. Participant's Name:				B. Participant's Medicaid #		
C. Make Check Payable To:						
Mailing Address:						
Service Code = Transportation (TRM)	D. Driver's Name (17 yrs + age requirement)	E. Employee Acumen ID # (leave blank if not an employee)	F. Service Date	G. # Miles Driven	H. Pay Rate per Mile- cannot be over DDP Max	I. Total per Trip (Miles x Rate)
(EX) TRM	Driver's Name	1234	10/01/YR	10	0.38 (ex)	3.80
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	Total # of Miles x Rate = Total Reimbursement Payment			#	\$	\$

By signing this form, I attest that these services were delivered and received in accordance with the Individual Cost Plan and Rate per Mile does not exceed the maximum mileage reimbursement rate allowed by the state and waiver guidelines. Acumen must have a W-9 Form on file before issuing any payment to the individual specified in Box C.

Driver Signature: _____ Date: _____

Employer Signature: _____ Date: _____

EMAIL, FAX OR MAIL TO:
 5416 E. Baseline Rd. Suite 200 Mesa, AZ 85206
 Fax 866-211-6370
 customerservice@acumen2.net