TRINITY In-Home Care

Gas Reimbursement Form

DSPs *cannot* accept cash from clients

CLIENT NAME:				DSP NAME:			

Client Initial	Date	Reason for Trip (circle all that apply)		Begin & Ending Odometer (last 4 #s)		# of Miles	Code (See Back)
		Medical Errands Activity **OR** Client's Home (only travel between towns)					
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The above trips were authorized by the client and performed by the TIHC employee (DSP) as indicated.

X _____   X _____

Client/Responsible Party Signature   TIHC DSP

Gas Reimbursement Form Instructions

1. The Gas Reimbursement Form should be used whenever you use your own vehicle to complete travel on behalf of a client whether the client is with you or not.

2. Trips are round trip door to door. Ex: start at client's house, go to store, then drive through pharmacy and back to client's house is one trip.

3. Please use a separate form for each client, though multiple trips can be recorded on each form.

4. You can submit completed forms: at the office, in the dropbox outside the office, or by photographing it and emailing the photo to schedule@tihc.org

5. TIHC applies the reimbursement on the paycheck for the pay period the trip was performed on, unless trip forms are turned in late. Then it will be applied to next possible paycheck.

6. If you complete any trips in the last days of the month please turn those trip forms in ASAP (within 2-3 days).

7. Prior authorization is needed for transportation outside of Douglas County. Please call the office at (785) 842-3159.

8. Call the office if you have questions or concerns.

The following types of trips may be reimbursed:

To/from client's home (only outside city limits): $0.56 per mile   CODE = M

In-town: $3 per trip   CODE = IT

Out-of-town: $8 per trip   CODE = OT