

Please check if this is a CORRECTED form. Please refer to the Accounts Payable calendar for submittal due dates.

EMPLOYEE NAME (please print): <input type="checkbox"/> Please check if the employee is a NEW HIRE		Month/Year:		
EMPLOYEE ADDRESS:		STATE:	ZIP:	
EMPLOYER NAME (please print):		DEPT #:		
Date	Destination	Purpose	Miles	Service Code**
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BY SIGNING BELOW, I CERTIFY THAT THE SERVICES REFLECTED ARE TRUE AND ACCURATE AND THAT THE SERVICES ARE IN ACCORDANCE WITH MARYLAND DDA STANDARDS. FALSE INFORMATION CONSTITUTES MEDICAID FRAUD.		Total Miles Driven		**SERVICE CODES: PS – Personal Supports PS 2:1 - Personal Supports 2:1 PSE – Personal Supports Enhanced CDS – Community Development Services CDS 2:1 – Community Development 2:1 OJS – Ongoing Job Supports RS - Respite
		Reimbursement Rate		
		Total Reimbursement Amount		
EMPLOYEE SIGNATURE:		DATE:		
EMPLOYER/AUTHORIZED REP. SIGNATURE:		DATE:		
TOTALS BY SERVICE CODE ** Required to be completed by Employer/Rep		Service Code: _____	Miles: _____	** NOTE: Please reference your plan/ budget/statement to confirm your approved mileage service code(s).
		Service Code: _____	Miles: _____	
		Service Code: _____	Miles: _____	

A mileage reimbursement request cannot be processed if Fello does not have an employee's valid driver's license and auto insurance on file. Mileage submitted when this required documentation is not on file will be rejected, and must be resubmitted with the required documentation to SDSMileage@fello.org for processing on our standard mileage calendar schedule. Transportation provided to and from medical appointments is not eligible for reimbursement. Transportation provided during vacation is not eligible for reimbursement.