

County of <CountyName>

Date: _____
Case Name: _____
Case Number: _____
Worker Name: _____
Worker ID: _____
Worker Phone Number: _____
Customer ID: _____

Travel Assistance Claim

Section 1: Instructions

Travel Assistance Claim is for (Month and Year): _____

Section 2: List the activities and locations where you participated during the month. Only activities on your Activity Assignment (WTW 2) are eligible to transportation assistance.

Section 3: Enter the date and check the activity number that corresponds to the appropriate activity in Section 2. Sign and date Section 3 after the month is complete.

Travel claims are due to your Welfare-to-Work Worker between the 1st and the 5th of the following month.

Section 2: Activity Information

Activity #1: _____ Activity site name: _____ Activity site address: _____ City: _____ Zip Code: _____	Activity #2: _____ Activity site name: _____ Activity site address: _____ City: _____ Zip Code: _____
Activity #3: _____ Activity site name: _____ Activity site address: _____ City: _____ Zip Code: _____	Activity #4: _____ Activity site name: _____ Activity site address: _____ City: _____ Zip Code: _____

Section 3: Activity Attendance

Check the box for the Activity Number(s) that matches with the Activity in Section 2

County Use Only

Date	Activity 1	Activity 2	Activity 3	Activity 4		Public Transportation	Mileage reimbursement	Comments denied, no proof, etc

Section 3: Activity Attendance (Continued)					County Use Only		
Check the box for the Activity Number(s) that matches with the Activity in Section 2							
Date	Activity 1	Activity 2	Activity 3	Activity 4	Public Transportation	Mileage reimbursement	Comments denied, no proof, etc

I hereby certify, under penalty of perjury, the information in this request reflects the activity(ies) I have attended as stated on my WTW 2 – WTW Plan - Activity Assignment Agreement. I understand all claims which are not supported by proof are subject to non-payment by WTW and any claims using false proof are subject to repayment to WTW.

Signature of Customer _____ Date: _____

Section 4: COUNTY USE ONLY (WTW Worker)

Mileage Reimbursement Calculation	Activity 1	Activity 2	Activity 3	Activity 4	Public Transportation Calculation	
Daily round trip miles					For Activity <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	=
Number of activity days	X	X	X	X	Daily public transportation rate	\$
Monthly round trip miles	=	=	=	=	Number of days in activity	X
Mileage rate	X	X	X	X	Authorized amount (allow the monthly maximum rate)	=
Authorized amount	=	=	=	=	Advance payments	-
Advance payments	-	-	-	-	Amount to be reimbursed	=
Reimbursement amount	=	=	=	=		

Total amount of reimbursement (mileage + public transportation) \$ _____

Signature of WTW Worker: _____ Date: _____

Section 5: COUNTY USE ONLY – (Fiscal) Pay the lesser of the total mileage reimbursement or public transportation

Amount paid : \$ _____ Date: _____ Approved By: _____