



COMMUNITY SERVICES AGENCY

Kathryn M. Harwell
Director

251 E. Hackett Road, Modesto, CA
P.O. Box 42, Modesto, CA 95353-0042

Phone: 209.558.2500 Fax: 209.558.2558

Participant:
Case Number:
Case Manager:
Activity:

Transportation – Request for Payment
_____ Month / _____ Year

THIS FORM MUST BE DATE STAMPED AS RECEIVED BY THE COUNTY WITHIN 90 DAYS OF THE LAST DAY FOR WHICH PAYMENT IS BEING REQUESTED.

		MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
WEEK 1	Date								
	Total WTW Activity Miles								
WEEK 2	Date								
	Total WTW Activity Miles								
WEEK 3	Date								
	Total WTW Activity Miles								
WEEK 4	Date								
	Total WTW Activity Miles								
WEEK 5	Date								
	Total WTW Activity Miles								
TOTAL MILES FOR THIS TIME PERIOD									

I certify that this individual attended class/activity on the days claimed for transportation.

Supervisor/Instructor: _____ Date: _____

I certify, under penalty of perjury, that the above is true, correct and complete to the best of my knowledge. I also certify that the supportive services being claimed are for authorized WTW activities only and are in accordance with WTW regulations and requirements. I authorize the Department to discuss my transportation needs/costs with the above named Supervisor/Instructor. I agree to reimburse the Community Services Agency for any payments received as a result of inaccurate or unauthorized claiming.

WTW Participant Signature: _____ Date: _____ Phone#: _____
Address: _____ City: _____ Zip Code: _____

For County Use Only

Mileage Verification by: (circle one) Google, MapQuest, SRT, or Other _____

Public Transportation: _____ X _____ = _____

Mileage: Days _____ X Round Trip _____ = _____ X Mileage Rate _____ = _____

_____ - _____ = _____
Total Adv. Pymt Total payment

Case Manager/Dist # Date Supervisor/Dist # (if over \$500) Manager/Dist # (if over \$1000)