

TRANSPORTATION ASSISTANCE REQUEST

Submit with your Monthly Eligibility Report (MER), no later than the last calendar day of the month

Participant Name: Month/Year:					
Submitting for: Bus Pass Reimbursement (attach receipt and sign below)					
☐ Mileage Reimbursement (complete table and sign below) 🗪 Approved Max Daily Miles:					
If your mileage sheet is not legible, it will be returned to you for correction.					
DATE	TOTAL	STARTING LOCATION	ENDING LOCATION	PURPOSE	Round
	MILES	(Home, Training Site, etc.)	(Home, Training Site, etc.)	(Training, TANF Appt., etc.)	Trip
					Yes No
					☐ Yes ☐ No
					Yes No
					☐ Yes ☐ No
					☐ Yes ☐ No
					Yes No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
I certify that if receiving mileage reimbursement, I have a current valid California Drivers License with current car registration and current					
liability insurance. My Insurance Carrier is:					
I certify under penalty of perjury that all of the above information is true and complete and I will not receive nor do I expect to receive transportation assistance from any other organization or program, such as CIMC, Voc. Rehab. Etc. I understand that falsification of any information is grounds for termination from the Tribal TANF program. The penalty will include financial recovery of any assistance provided to me while in the Tribal TANF program, and possible lifetime denial of Tribal TANF assistance.					
Tribal TANF Participant Signature:Date:					
Ψ Eligibility Use Only Ψ					
Total MilesxTotal Mileage Payment \$ Eligibility Specialist Signature: ** Date: Date:					