



Cascades West RideLine

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AUTHORIZATION FOR MILEAGE REIMBURSEMENT CLIENT / DESIGNATED PAYEE FORM MUST BE FILLED OUT COMPLETELY TO BE ELIGIBLE FOR REIMBURSEMENT

You are allowed **45 days** to submit your Authorization form for approval. If the form has errors or missing information, we will provide an additional **14 days** while we attempt to contact you and assist with corrections.

Mileage reimbursement is generally issued to the client, or if the client is a minor, the head of the household on the case.

If reimbursement is intended for someone other than the client, written approval must be obtained from the client before authorizing reimbursement

Date: _____ Client Name: _____
(Please Print)

Date of Birth _____ Social Security # _____ *No social security number ☐

Client Street Address: _____ City _____ Zip _____

Client Mailing Address (if different): _____

Client Phone: _____

I authorize _____ to receive my travel reimbursement.
(Please Print)

Client Signature: _____

When payee is other than client, the following information is needed:

Name: _____

Street Address: _____ City _____ Zip _____

Mailing Address: _____ City _____ Zip _____

Phone: _____

Date of Birth: _____

Social Security #: _____ *No social security number ☐

Payee Signature: _____

*No Social security number – If no social security number, Ride Line can issue reimbursement in the form of a check.

ONLY original forms accepted.

Copies, faxes or emails will **not** be accepted.

Debit cards or checks will **not** be issued without complete information & signature(s).



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