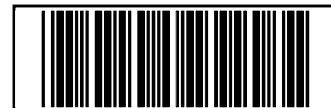


# Alaska Mileage Reimbursement



Mileage reimbursement is only available for day habilitation services. For the week of service, mileage forms are due the following Monday by midnight if faxed or dropped off, or postmarked by Monday if mailed. Due to the timing of the payroll cycle, late mileage forms will result in late pay. Mileage forms must be signed AFTER all work is completed. Advance mileage forms will not be accepted.

Sunday that started your work week

MM	DD	YY
----	----	----

Employee Name (Please Print)	Employee ID	Client Name (Please Print)	Client ID
------------------------------	-------------	----------------------------	-----------

Each entry must have a single, specific start location and stop location. Entries must be detailed enough to allow CDCN to recreate travel routes and to verify the accuracy of mileage claimed.

Service Code: MILES

Service Date (MM/DD)	Miles (rounded to nearest mile)	Start Location / Street and Community	Stop Location / Street and Community
Example 05 / 21	15	Client's house / Honey Bear Ln, Anch	The Alaska Club / Northern Lights, Anch
1		/	/
2		/	/
3		/	/
4		/	/
5		/	/
6		/	/
7		/	/
8		/	/
9		/	/
10		/	/
11		/	/

I certify that the transportation recorded on this mileage log was provided to the client by the employee; that the transportation was provided solely for the purposes of delivering day habilitation services; and that original entries for each recorded transport were completed within 14 days of the date on which each transport ended. I understand that submitting false or misleading service documentation is considered Medicaid fraud and may result in dismissal, criminal prosecution, and/or other penalties.

Employee Signature

Date (MM/DD/YY)

	/		/	
--	---	--	---	--

Client/Representative Signature

Date (MM/DD/YY)

	/		/	
--	---	--	---	--

