



AUTHORIZATION FOR MILEAGE REIMBURSEMENT
CLIENT / DESIGNATED PAYEE

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).

