



**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 # _____

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 #: _____

Payee Signature: _____

**ONLY original form accepted. Copies, faxes or emails will not be accepted.
Debit cards will not be ordered without complete information & signature(s).**

