Eastern Sierra Transit Authority

703 Airport Road
P.O. Box 1357
Bishop, CA 93515
760.872.1901

Non-Emergency Medical Transportation Mileage Reimbursement Form

Date: ________________

Passenger Information

Last Name: __________________________ First: _____________________ M.I. ________

Mailing Address: ____

Phone: _________________________ email: _____________________________________

If applicant is a minor or under conservatorship, provide guardian/conservator information:

Last Name: ______________________ First: _____________________ M.I. ________

Physical Address: ____

Mailing Address: ____

Home Phone: _________________________ Cell: ___________________________

Work Phone: _______________________ email: ______________________________

Relationship: ____

Volunteer Driver Information

Last Name: __________________________ First: _____________________ M.I. ________

Mailing Address: ____

Phone: _________________________ email: _____________________________________

Trip Date: ______________________ Round-Trip Mileage: ____________________

From: ______________________________ to: ____________________________

Medical Provider: ____

Address: ____

Phone: ______________________________

Please attach proof of Doctor visit:

1) Check out form (feel free to black out personal info)
2) Work release form from Hospital.
3) Hospital discharge letter.

I certify that all information provided above is true and accurate and the volunteer driver has a license to operate a motor vehicle, vehicle registration and liability insurance, I understand and agree that Eastern Sierra Transit does not assume any liability for my personal choice of driver, nor any insurance liability. ***Requests must be received no later than the 10th of the month following any month of travel.*** Processing of payment will take 30 days. Requests for reimbursement will be honored subject to the availability of funds for reimbursement payments. If fund are not available, payments will not be made.

____________________________	____________________________	__________
Passenger Signature	Print Name	Date
____________________________	____________________________	__________
Volunteer Driver Signature	Print Name	Date