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TRANSPORTATION VERIFICATION FORM

Under the Tribal Member Benefits Program, Participants may receive reimbursement for transportation mileage incurred between the Gun Lake Reservation or his/her primary residence and an essential public service provider. Essential public service providers may include:

- **Medical, Dental, Vision, or Hearing Care Facilities**
- **Grocery Stores, Food Warehouse, or Pharmacies**
- **School**
- **Child Care Facilities**
- **Elder Care Facilities**
- **Tribal Facilities or Locations for Cultural Programs/Events**

To submit a claim, Participants must submit the Transportation Verification Form, proof of visit *and* a completed Claim Reimbursement Form.

PARTICIPANT INFORMATION	
Name (*please print*)**:**	**Tribal ID Number:**
Address of Primary Residence: *Street* *City* *State* *Zip*	

VEHICLE MILEAGE LOG

Date	Service Provider	Provider Address	Odometer Start/End	Total Miles
			Total Miles	_____
			***Multiply Total Miles for Essential Services x Mileage Rate* ($0.545/mile)**	x $0.545
			Total Transportation Request for Reimbursement	$_____

_____ _____

Participant Signature **Date**

By signing this form, I certify that the amounts listed are correct and are expenses that represent qualified reimbursable expenses under the Tribal Member Benefit Program. I certify I am aware I may be reimbursed from the Program only for my own expenses and expenses of my Qualified Non-Member(s) as defined by the Tribe's Program. I understand this form serves only as secondary documentation for transportation expenses related to my Claim Reimbursement Form. I agree to provide additional documentation necessary to support the claim amount for reimbursement when requested. In addition, I certify the expenses have been incurred and dates of service are during the timeframe required by the benefit program. Finally, by signing this document, I acknowledge and agree that FSA TPA may, in the case of an overpayment (fraudulent, inadvertent or otherwise), offset future expense reimbursements to me to account for such an overpayment.