Client First Name		Client Last Name	Middle Ini	Middle Initial			Client ID		
Date of Trip	Service Type	Origin	Destir	ation		# of Miles	Rate per Mile	Total Amount	
	Gas Card Bus Pass								
Justification					Round Trip?	Voucher Nu	mber		
					□ Y □ N				
Provider Verificatio	n/Signature								
Date of Trip	Service Type	Origin	Destir	ation		# of Miles	Rate per Mile	Total Amount	
	Gas Card Bus Pass								
Justification					Round Trip?	Voucher nur	nber		
					□ Y □ N				
Provider Verificatio	n/Signature								

By signing this form, I acknowledge the following:

- I am aware that it is **prohibited** to redeem cards, vouchers or tokens for cash or to purchase alcohol, tobacco, illegal drugs or other substances, or firearms. Failure to comply with this directive will make me ineligible for further support for these services.
- I am aware that upon utilizing a card, token, or voucher I must provide verification of my arrival to the destination(s) recorded above to my case manager for review prior to receiving more assistance.

Client Signature

Date