



**COMMUNITY SERVICES AGENCY**

**Kathryn M. Harwell**  
Director

251 E. Hackett Road, Modesto, CA  
P.O. Box 42, Modesto, CA 95353-0042

Phone: 209.558.2500 Fax: 209.558.2558

Participant:

Case Number:

Case Manager:

Activity:

**Transportation – Request for Payment**  
\_\_\_\_\_ Month / \_\_\_\_\_ Year

**THIS FORM MUST BE DATE STAMPED AS RECEIVED BY THE COUNTY WITHIN 90 DAYS OF THE LAST DAY FOR WHICH PAYMENT IS BEING REQUESTED.**

		MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
<b>WEEK 1</b>	Date								
	Total WTW Activity Miles								
<b>WEEK 2</b>	Date								
	Total WTW Activity Miles								
<b>WEEK 3</b>	Date								
	Total WTW Activity Miles								
<b>WEEK 4</b>	Date								
	Total WTW Activity Miles								
<b>WEEK 5</b>	Date								
	Total WTW Activity Miles								
<b>TOTAL MILES FOR THIS TIME PERIOD</b>									

I certify that this individual attended class/activity on the days claimed for transportation.

Supervisor/Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

I certify, under penalty of perjury, that the above is true, correct and complete to the vest of my knowledge. I also certify that the supportive services being claimed are for authorized WTW activities only and are in accordance with WTW regulations and requirements. I authorize the Department to discuss my transportation needs/costs with the above named Supervisor/Instructor. I agree to reimburse the Community Services Agency for any payments received as a result of inaccurate or unauthorized claiming.

WTW Participant Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**For County Use Only**

Public Transportation: \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
# Tickets Ticket cost

Mileage: \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ Mileage verified by \_\_\_\_\_ (MAPQUEST, SRT)  
Total Mileage Mileage Rate

\_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
Total Adv. Payment Total Payment

Date Authorized \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Manager Signature: \_\_\_\_\_