

Instructions for the Mileage Reimbursement Request Invoice

Complete a separate invoice for each week. Invoices should be submitted once a week. Invoices must be complete, legible, and submitted no later than **90 days** after the date of service for payment to be made. **Note: All days for which payment is requested must be in the same month. To avoid a delay in payment, complete and submit separate invoices if “THIS WEEK’S CHARGES” include the end of one month and the beginning of the next.**

PARTICIPANT’S INFORMATION

Name & Address: Enter your first name, last name, and mailing address.

NHEP Office: Enter the town of your local New Hampshire Employment Program (NHEP).

RID Number: Enter your 10 digit recipient number (RID) assigned by DHHS.

ETS Service

Request Number: Enter the 4 to 8-digit ETS Service Request Number indicated on the ETS Service Approval Letter.

THIS WEEK’S CHARGES/DESTINATION LOG

Beside each day, enter the month, day, *and year* and the total number of miles traveled that day. Mileage includes miles traveled from your home to a child care site, then to the activity site and the return. Use only whole numbers. Any part of a mile is rounded up to the next whole number. For example: 3 1/2 is entered as 4. **If you are in the job search activity, put an ‘X’ in the job search box and attach Form NHEP 223.** If you are not in job search, enter the address (street, town, and state) of your child care/NHEP activity site in the Destination Log for each day billed. Multiple sites may be listed. Under **Ret?**, indicate whether the total miles traveled are for a round trip from your home. *You must attach proof of your working or being in an NHEP approved activity, if one of the days you’ve listed is a Holiday. Payment cannot be made if you do no do this.*

TOTAL MILES THIS WEEK

Enter the total of all miles traveled within the week.

PAYMENT REQUEST

If you are using your own vehicle, multiply the total number of miles traveled by the reimbursement rate and enter the amount here. If you are riding with another driver or using someone else’s vehicle, enter the total dollar amount that you are actually being charged for transportation for the week or the number of miles traveled multiplied by the reimbursement rate, whichever is lower.

PAYMENT CERTIFICATION

Read the statement before signing. Sign, enter your Resource # indicated on the ETS Approval Letter, and date. Enter only the digits assigned for your Resource #, beginning with the first box on the left. Leave any remaining boxes blank.

PAYMENT VERIFICATION

Participant: **No agency verification signature is required if you are employed.** If you are participating in any other approved NHEP activity, request a signature, date, and telephone number from your training coordinator, teacher, or NHEP Employment Counselor Specialist (ECS).

Training Coordinator, Teacher, or ECS: Review each date and mileage indicated, relative to the destination, for which reimbursement is requested to ensure the individual participated in an approved activity on the dates indicated and billed appropriately. Sign the form, enter the agency telephone number and the date.

DISTRIBUTION

Mail the **WHITE** original copy of the form to Department of Health and Human Services, Data Management Unit, PO Box 2000, Concord, NH 03302-2000.

Keep the **CANARY** copy for your records.