

**TRANSPORTATION REALLY IS POSSIBLE (TRIP)
REQUEST FOR REIMBURSEMENT OF ELIGIBLE DRIVING EXPENSES**

Please reimburse (total amount due) _____ to the _____ County Department of Social Services for fund spent on behalf of the following individuals. I certify that these individuals listed below are 1) eligible under the guidelines specified by the TRIP program, 2) were authorized for services through the County Department of Social Services, and 3) that expenditures for which reimbursement is claimed were allowable and appropriate per TRIP criteria.

Certified by (name) _____ Position _____ Date _____

NAME	DOB	SIS ID	ELIGIBLE COST	AMOUNT