**Travel Reimbursement Form Instructions**

All Alumni requesting reimbursement for travel and/or personal care attendant services must complete a W9 as per mandated by the Commonwealth of Virginia. Alumni who complete a W9 will be issued a Vendor ID # for fiscal transparency and check disbursement purposes only.

**Form I: Form W-9: Request for Taxpayer Identification Number & Certification**

(W9 Form MUST BE completed by Alumni participants or providers requesting reimbursement)

Section 1- **Taxpayer Identification**

* Social Security Number
* Legal Name
* Entity Type
* Entity Classification
* Contact Information
* Legal & Remittance Address (same)
* Name, Email Address, and a phone number where you can be reached

Section 2- **Certification**

* Print, sign and date

**Form II: VBPD Travel Expense** **Reimbursement Voucher (TRE Voucher)**

(TRE Voucher may be completed by Alumni Participants for each meeting or advocacy event attended & must be completed in blue ink)

DO NOT PUT YOUR SOCIAL SECURITY NUMBER ON TRE VOUCHER (a vendor number will be issued to you in connection to your W-9 Form)

• Name & Complete Address

• Signature of Traveler sign and date

• Initials to certify information is correct

**Remainder of TRE Voucher will be completed by VBPD Staff.**

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**Personal Care Attendant (PCA) Reimbursement Form Instructions**

All Alumni or PCA’s requesting reimbursement for personal care attendant services must complete a W9 as per mandated by the Commonwealth of Virginia. Alumni or PCAs who complete a W9 will be issued a Vendor ID # for fiscal transparency and check disbursement purposes only. ***VBPD will not reimburse an Alumni Participant’s personal time unrelated to Alumni Chapter Meetings or Advocacy.***

* **Alumni Information**

Name, Address, Telephone, & Vendor #

* **PCA Information**

Name, Address, Telephone, & Vendor #

* **Care Related Information to Process Payment**

Date(s) of care, Name of Person that received care Pay Rate/Hour, Number of Hours, & Total Cost

* **PCA Payee Criteria**

• Check if you (Alumni Participant) paid your PCA & are requesting reimbursement. Do not complete provider information nor a W-9 for provider **Receipt Required**

• Check if you (Alumni Participant) have not paid your PCA. PCA must complete Care Provider information and W-9 Form.

**Signature & Date of Alumni Participant and PCA are required**

• Respite Care must be approved in advance by the Director of Training and Alumni Development.

• Approve respite will be reimbursed at $12/HR for the duration of the activity to and from travel

• Only one respite provider will be reimbursed regardless of the number of family members receiving care

• Respite funds are limited and when they are gone, respite will no longer be reimbursed

• Alumni are strongly encouraged to use existing resources for respite if available (i.e. DD Waiver, natural supports such as family members)

• The Board will not reimburse for respite being provided as a DD Service. This is not allowed under Medicaid Rules.