



Alumni Travel and Care Provider Reimbursement Request Forms Instruction

All Alumni requesting direct reimbursement for travel and/or care must complete the following forms:

Form I: Form W-9: Request for Taxpayer Identification Number and Certification-this form **MUST BE** completed by Alumni participants and their provider(s)

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-

this form MAY BE completed by Alumni Participants for each session attended

Top of Form- Participant Identification & Signature

- SSN#- DO NOT PUT YOUR SOCIAL SECURITY NUMBER ON THIS FORM (a vendor number will be issued to you in connection to your W-9 Form)
- Name and Address
- **Signature of Traveler sign and date in BLUE ink**

Mid Form- Mileage Calculation

- Date
- Departure and Arrival-from home to hotel (day 1) & from hotel to home (day 2)
- Miles Traveled
- Mileage= Miles Traveled x .054
- Tolls (if applicable); AMOUNT= Mileage + Toll
- **Total All Numbers**
- Certify Initial

Bottom Form- ADMINISTRATIVE ONLY

Form III: Respite/Attendant Care- this form MAY BE completed by Alumni and their care provider for each session attended

Participant and Provider Information

- SSN#- DO NOT PUT YOUR SOCIAL SECURITY NUMBER ON THIS FORM (a vendor number will be issued to you in connection to your W-9 Form)
- Name, Address, and Telephone
- Dates of care
- Name of Person that received care
- Cost of care- rate of pay x hours worked (VBPD WILL NOT reimburse an Alumni Participant's personal time unrelated to attending each session)

Direct Reimbursement Mailed To

- Check if you (Alumni Participant) paid your provider and you request reimbursement-do not complete provider information nor a W-9 for provider **Receipt Required**
- Check if you (Alumni Participant) **have not paid** your provider and your provider request reimbursement- complete provider information and W-9 Form for provider required

Signature and date of Alumni Participant and their provider 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 (ie 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.