



Eastern Sierra Transit Authority

703 Airport Road
P.O. Box 1357
Bishop, CA 93515
760.872.1901

Non-Emergency Medical Transportation Mileage Reimbursement Form

Passenger Information

Last Name: _____ First: _____ M.I. _____

Mailing Address: _____

Phone: _____ email: _____

Volunteer Driver Information

Last Name: _____ First: _____ M.I. _____

Mailing Address: _____

Phone: _____ email: _____

Trip Date: _____ Round-Trip Mileage: _____

From: _____ To: _____

Medical Provider: _____

Address: _____

Phone: _____

I certify that the patient identified above was seen at this facility for necessary medical services.

Medical Office Stamp:

I certify that all information provided above is true and accurate and the volunteer driver has a license to operate a motor vehicle, vehicle registration and liability insurance, I understand and agree that Eastern Sierra Transit does not assume any liability for my personal choice of driver, nor any insurance liability. **Requests must be received no later than the 10th of the month following any month of travel.** Processing of payment will take 30 days. Requests for reimbursement will be honored subject to the availability of funds for reimbursement payments. If fund are not available, payments will not be made.

Passenger Signature

Print Name

Date

Volunteer Driver Signature

Print Name

Date