

SNAP Employment & Training Program Travel Reimbursement Documentation

SECTION A

Name of E&T Program Participant _____ Last four digits of SSN for E&T Participant _____

Food Stamp Case Head _____ SNAP Case Number _____
(If different) (If different)

Address _____
Mailing Address City State Zip Code

Telephone Number or Message Phone _____

SECTION B: Record Of Transportation Costs For Month _____ Year _____

Date Traveled	Traveled From:	Traveled To:	Did You Travel in Your Own Vehicle?		If Yes, List Your Mileage.	Amount To Be Reimbursed Per Mile.	Total	Other Transportation Cost (Public transportation, payment to friend or relative, etc.)	Explain Cost.
			YES	NO					
						\$.42 per mile	\$	\$	
						\$.42 per mile	\$	\$	
						\$.42 per mile	\$	\$	
						\$.42 per mile	\$	\$	
						\$.42 per mile	\$	\$	
						\$.42 per mile	\$	\$	
						\$.42 per mile	\$	\$	
						\$.42 per mile	\$	\$	
						\$.42 per mile	\$	\$	

Total Transportation Reimbursement Claimed \$ _____

SECTION C: Signature

I certify that the information reported on this form is correct and that all transportation costs were incurred while participating in the SNAP E&T Program.

E&T Program Participant's Signature _____ Date _____

E&T Program Worker _____ Date _____

SNAP Employment & Training Program
Travel Reimbursements
DCO-243

SECTION A:

- Enter your name and last four digits of social security number.
- If you are not the head of the SNAP household, enter the name of the person who is. Enter their social security number if you know it. *(The E&T Program worker should have this information in your file if you do not know it.)*
- Enter your mailing address.

SECTION B:

Complete your record of transportation costs. Report any travel related to your participation in the E&T Program. This includes, but is not limited to, trips to the Adult Education Office, trips to any other location for E&T Program related training or school work and trips to look for a job when you are conducting an E&T job search. Enter:

1. Date Traveled: Enter date on which you traveled to participate in the E&T Program. This includes E&T related training and/or E&T related job searches.
2. Traveled From: Enter the place where you began your trip. For example, if you are traveling from your house to the Adult Education Office in the same town, enter home as the place you traveled from. If you are traveling from your house to another town as part of an E&T job search, enter your home town as the place you traveled from.
3. Traveled To: Enter your destination as the place you traveled to. For example, if you are traveling from your house to the Adult Education Office in the same town, enter the Adult Education Office as the place you traveled to. If you are traveling from your house to another town as part of an E&T job search, enter the town where you are conducting the job search as the place you traveled to.
4. Check YES or NO to indicate whether you traveled in your own vehicle.
5. If you traveled in your own vehicle, enter the number of miles you traveled as your mileage. Round up or down to the nearest mile.
6. Multiply the number of miles traveled times the amount to be reimbursed per mile. The resulting figure is your total amount to be reimbursed for that trip. (If you did not travel in your own vehicle, go to the column titled Other Transportation Cost.)
7. If you did not travel in your own vehicle and you had a transportation cost for the trip, enter the cost here. In the next column, explain the transportation cost. For example, if you had to pay a taxi, enter the taxi fare here. If you had to pay a friend or neighbor to take you, enter the amount you paid the friend or neighbor.
8. Request additional forms if you need to report more travel.

Sign the form and give it to the Adult Education counselor.

INSTRUCTIONS TO ADULT EDUCATION COUNSELOR

Check to insure that the form is properly completed, signed and dated. If necessary, contact the household to request the missing information. You should correct improperly completed mileage calculations without returning the form to the household.

Sign the form and mail it to the appropriate DHS County Office.