

**BILLING AND ROUTING SHEET
TRANSITIONAL EMPLOYMENT ASSISTANCE PAYMENTS
BILLED TO THE DEPARTMENT OF HUMAN SERVICES**

Section A

WISE Reimbursement
Diversion Payment

WISE NON-Reimbursement
Relocation Payment

Check # _____
(If Known)

Person /Provider to Be Paid: _____ SSN/VI _____

Section B

Address: _____

GOODS, SERVICES, TRANSPORTATION EXPENSE, MISCELLANEOUS COSTS AND/OR ASSISTANCE PROVIDED

(Section E, Page2 (on back) must be completed to be reimbursed for Personal Mileage and Miscellaneous costs.)

Descripton:

Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
(If more lines are needed, complete Section B-Attachment)	Total Payment
	\$ _____

(Reporting these expenses does not guarantee that you will be reimbursed)

Section C (See Section C of the Instructions to Determine Who Should Sign for DHS Authorization)

I certify that the information reported on this form is correct, that all expenses or assistance was incurred while participating in TEA; that

Signature Client/Provider/Vendor: _____ Date: _____

Official Title: _____

DHS Authorized Signature: _____ Date: _____

Official Title: _____

Section D

Required Supporting Documents and Submission Instructions:

If payment is being made for reimbursement of expenses other than mileage and miscellaneous costs, attach a receipt marked "PAID".

To pay a provider/vendor directly, attach an original and two copies of the invoices or bills. (If the provider/vendor is an individual, Section B may be completed in lieu of a hand written invoice. If this is done, the provider/vendor's signature is required in Section C.)

For Diversion and Relocation payments, see Section D of the instructions. For all other payments, mail this completed form and the required documentation to:

Department of Human Services
General Operations Section, Program Support
P. O. Box 1437, Slot W406
Little Rock, AR 72203-1437

County
Office

Worker Name

Telephone
Number

**TRANSITIONAL EMPLOYMENT ASSISTANCE
PERSONAL MILEAGE AND MISCELLANEOUS COST REIMBURSEMENT**

Date YR _____ MO DAY		MISCELLANEOUS COSTS (OTHER THAN MILEAGE)				TRAVEL BY PRIVATELY OWNED VEHICLE				
		MEALS	INCIDEN- TALS	TELE- PHONE	TOTAL PER DAY	BETWEEN WHAT POINTS		MILEAGE DRIVEN # OF TRIPS	RATE PER MILE/TRIP	AMOUNT CLAIMED
						FROM	TO			
TOTAL MISC COST					\$	TOTALS FORMILEAGE				\$

* Incidentals: (1) Postage (2) Parking Fee (3) Newspaper
(4) Other (Explain: _____) SUMMMARY

MISC. COST \$ _____
MILEAGE CLAIMED \$ _____
TOTAL CLAIMED \$ _____

