

**Adjunct Services**

**Vendor Travel for Provision of CRS Services**

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| Authorization # | Enter AV #. |
| Aware Participant ID | Enter Aware Participant ID  |

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| VR District Office: Click arrow to select office. | Vendor: Click to enter vendor name. |
| VRC Name: Click to enter.  | SFS Vendor ID: SFS Vendor ID. |
|  | Report Date: Click to enter a date. |

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| Customer First Name: Click to enter | Customer Last Name:Click to enter |
| Customer Phone Number: Click to enter |
| Customer Email Address: Click to enter |

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| **Vendor Travel to provide CRS Services** Unit of Services = 1 mile**Note**: Documentation of miles traveled to provide services must be submitted with report. |
| Only those miles travelled **over** 35 miles each-way (70 miles round-trip) are reimbursable. Use one of the below calculations (one-way or round-trip): |
| **One-way Trip Calculation** | **Round-trip Calculation** |
| One-way miles: Enter miles.  | Round-trip miles: Enter miles. |
| 1. Miles over 35 per trip: Enter miles.
2. Trips taken: Enter # of trips.
3. Mileage Rate: $Enter rate. /mile
 | 1. Miles over 70 per trip: Enter miles.
2. Trips taken: Enter # of trips.
3. Mileage Rate: $Enter rate. /mile
 |
| Total # of miles (A x B): Enter miles.Total reimbursement (A x B x C): $Enter total reimbursement amount. |
| Dates traveled (i.e., 1/1/24, 1/5/24, etc.): List dates travelled.Summarize services provided: Enter summary of services.  |
| **Travel Details**(All areas below must be verified for payment) |
| [ ]  |  Distance traveled to provide authorized services was a minimum of 35 miles each way. |
| [ ]  | **Mileage of travel distance verified by a valid mapping source (i.e., Google Maps, MapQuest, etc.)?** |
| [ ]  |  **Travel was authorized in conjunction with:** List service. |

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| **Completed By:** |  |  |
| Enter staff name here. |  | Enter staff title here. |
| Printed Name |  | Title |
| Phone: Enter phone number. |  | Email: Enter email. |