



Participant Transportation Reimbursement

Participant Details		
First Name: <input style="width: 95%;" type="text"/>	Last Name: <input style="width: 95%;" type="text"/>	PPL ID: <input style="width: 95%;" type="text"/>

How to complete this section:

Transportation only covers the following: transportation to-and-from job interviews, work, and essential locations such as grocery stores and banks. You can submit a reimbursement for the cost of public transit rides, a monthly bus pass, rideshare (example: Uber, Lyft), or taxi rides.

- **Category:** type of transportation (example: Uber ride, monthly bus pass, etc).
- **Date of Purchase:** date you purchased the transportation.
- **Description:** (use one line per ride or purchase)
 - Starting point and ending point of transportation. Example: bank, home, doctor.
- **Price:** amount to be reimbursed (example: \$15.00). Do not include the cost of leaving a tip, this cost will not be reimbursed.

Email the completed, signed, and dated form *along with the receipt* to kssteps-cs@pcgus.com.

Transportation Details – Code is: T2003 U3			
Category	Date of Purchase (MM/DD/YYYY)	Description	Price
Total			

Agree and Sign	
I confirm: <ul style="list-style-type: none"> • The services listed above must be approved on my spending plan. I must have sufficient funds available for payment to be made. • The details provided above are correct to the best of my knowledge. If any details are incorrect or incomplete, this form will not be processed. The form will be returned to me for correction. • By entering my name below, I confirm that: <ul style="list-style-type: none"> • This is an authorized Transportation Reimbursement • Everything I have stated in this form is accurate and complete 	
Participant Signature: <input style="width: 95%; height: 30px;" type="text"/>	Date: <input style="width: 95%; height: 30px;" type="text"/>