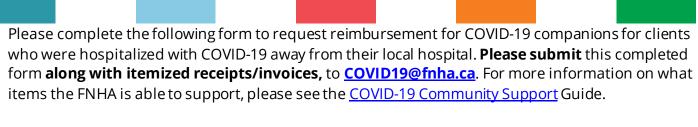


Community Request for COVID-19 Companion Reimbursement

Last updated on December 10, 2021



Please Note:

- Only one companion per client may be reimbursed
- The reimbursement form should be for no more than one month of travel at a time
 - o One month extensions may be given by resubmitting the reimbursement form
- Only travel/accommodation for companions between Sept. 15, 2021 and June 30, 2022 is eligible

Requester information

| Date of Submission: | | | Contact Name | : |
|--|-----------------|--------|----------------------|--------------------------|
| Contact Email: | | | Contact Phone Number | : |
| Community/Health | | | | |
| Service Organization: | | | | |
| | | | | |
| Details of Client being s | supported by Co | mpanio | n | |
| Status Number | Last Name | | First Name | Date of Birth (MM/DD/YY) |
| | | | | |
| | | | | |
| Name of escort/companion | | | | |
| Travel and Accommodation Dates | | | | |
| Cost of travel (e.g. mileage, bus or plane fare) | | | | |
| Accommodation Costs (e.g. total hotel bill) | | | | |
| Nights in hotel x \$60 Daily Meal Rate OR \$236 | | | | |
| weekly rate where hotel has kitchenette: | | | | |
| TOTAL COST: | | | | |

Please list receipts attached (only travel and accommodations require receipts)

| Receipt/Invoice type (travel/accommodation) | Name of Vender | Receipt/Invoice Total |
|--|----------------|-----------------------|
| | | |
| | | |
| | | |
| | | |