



**Integrated Provider Network
Transportation Receipt Form**
Retain this receipt in the client's file.

Client Name:	
Select type of transportation assistance provided and document the card # or month/pass #:	
<input type="checkbox"/> Gas Cards (Card #): _____	
<input type="checkbox"/> Transportation Bus (Month/Pass #): _____	
Contractor Staff Name:	
Amount:	
Date documentation or receipt of goods or services is due: _____	
By signing this form, the client/parent/guardian acknowledges receipt of goods or services in the amount indicated above, and agrees to provide documentation of receipt of goods or services by the due date above.	
Client Signature:	Date:
Parent/Guardian Signature:	Date:
Contractor Staff Signature:	Date:

Transportation means assistance in the form of gas cards or bus passes (no cash payments), given directly to the individual for the purpose of transportation to and from an activity related to the individual's treatment plan or recovery. Transportation is limited to \$20 per month. Maximum of \$60 per client, per treatment episode.

Clients who do not provide accurate documentation or receipts and/or who purchase unauthorized goods or services will not receive additional services for which the receipt was not provided and may be determined ineligible to receive additional transportation assistance funded by the IPN. In addition, IDPH reserves the right to collect reimbursement for the misused funding directly from the client.