



COMMUNITY CONNECTIONS

A STATEWIDE RECREATIONAL LINKAGE SERVICE

ACTIVITY/MILEAGE REIMBURSEMENT REQUEST

PLEASE PRINT. Use the guidelines on the back of this form and/or your member handbook before submitting your request. Call the statewide office or your local site should you have questions. **Use only one form per activity.**

1. Complete reimbursement payment information:

Date: _____ Member Phone _____

Name: _____

Address: (include city, state and zip): _____

Is this a new address Yes No Community Connections ID Card # _____

2. Complete activity information:

NOTE: PLEASE OBTAIN A RECEIPT FOR YOUR EXPENSES AND RETURN IT WITH THIS FORM.

Date of Activity: _____ Activity: _____

Location of Activity: _____ Total Cost of Activity: _____

Comments: _____

I, (member signature) _____ certify that I incurred these expenses for the activity stated above.

This section will be completed by Community Connections Staff

This request has been reviewed and authorized by Community Connections.

CC Staff Signature: _____ Reimbursement Amount: _____

Date: _____ Region: _____

Budget Line Item: 61100-550 Activity

Budget line Item: 61110- 550 Mileage

Budget Line item: 61150-550 Site Funds

CC Staff: Circle one GL account

Guidelines for Activity/Mileage Reimbursement Request Form

HOW TO USE:

- The amount reimbursed to you will be determined by your past and present usage of the program.
- Reimbursements will only be granted for one aspect of your activity. If we have provided a discount ticket for your admission, we cannot also reimburse the remainder of the cost nor can we reimburse the travel costs to get there.
- Reimbursements cannot be requested for food, home video rentals, or home hobby purchases.
- Reimbursements for high-priced activities (gym memberships, adult ed courses, etc.) cannot be requested more than 4 times per year.
- Receipts must have the name of the facility and date stamped or printed on it to be valid.

INSTRUCTIONS:

- **Receipts need to accompany your reimbursement request.** Save a receipt from the recreational activity (a play, concert, baseball game...). If a receipt is not automatically given, ask for one. If receipts are older than 2 months, they cannot be reimbursed.
1. On the form, **fill out your name, address, and phone number.**
 2. **Type of Activity** means **what the activity was** that you went to. You can write in movie, concert, etc.
 3. **Date of Activity** means **when the activity happened** that you attended.
 4. **Location of Activity** means the **town in which the activity occurred** that you are asking reimbursement for.
 5. Total cost means what the **total cost** of the activity was.
 6. **Your signature is required for processing. Sign your name on the line certifying that you did indeed incur the expense(s).**
 7. **Attach your receipt to the form and mail it to us at:**
 - a. **Community Connections, 2 Second St. Bangor, ME 04401**
 - b. **Or fax it to Community Connections at 207-941-2996**
 8. **We fill out the bottom of the form.** It generally takes 3-4 weeks to receive a reimbursement.