

**West Virginia Personal Options  
Aged And Disable Waiver Program  
Transportation Invoice**

**Instructions:**

1. This invoice must be completed and submitted **each pay period**. Please do not put dates for more than one pay period on a single invoice. If more space is needed for a single pay period, use additional sheets as needed. Make sure transportation is reflected on Monthly Homemaker Documentation form.
2. The participant/employer must review, approve, and sign the invoice.
3. The invoice must be faxed to (866) 388-1626 or  
Mail to: Public Partnerships, LLC, P.O. Box 5157 Charleston, WV 25311

Participant Name: _____	Participant ID#: _____
Employee Name: _____	Employee ID#: _____
Pay Period Start Date: _____	Pay Period End Date: _____
Service Code: A0160	
Rate: _____ (The maximum rate is defined by West Virginia Bureau for Medical Services)	

Date:	Miles Driven:	Travel Time (hrs):	Destination:	Purpose of Travel:
<b>Total:</b>				

**Signatures:**  
I verify that I have a current valid driver's license and motor vehicle insurance as required by West Virginia State Law and that the billing for services provided is accurate and complete.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_