

CA GGRC Participant Directed Program Transportation (Passes, Other) Invoice

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|--------------------------|-------------------------------|--|--|--|--|--|--|--|--|
| Worker Name: | Worker ID Number: | | | | | | | | |
| Participant Name: | Participant ID Number: | | | | | | | | |

➤ **FOR MONTHLY PASS AUTHORIZATIONS:** Please select the authorized service code from the list, if not listed please supply the service code per the Participant's Service Authorization under "OTHER". Workers are also required to fill out the Date of Purchase, and Amount to be Reimbursed sections. Additional Comments are optional

| | Service Code (Please Check One) | Type of Pass |
|------------|------------------------------------|--|
| 470 | 1PI | BART Pass - per item |
| | 1MM | Senior/Disabled 31-Day Transit Pass for Marin Local |
| | MSF1 | Monthly Pass - SF MUNI Disabled Pass |
| | MSM1 | Monthly Pass - Samtrans "Eligible Discount" |
| | MSM2 | Monthly Pass - Samtrans "Adult - Into SF" |
| | TAFT | Monthly TAFT Pass |
| | 1MCT | Monthly Pass – CalTrain "Clipper Card" |
| | 1PIPP | Petaluma Paratransit Rider Card (12 one-way rides) |
| | OTHER: | Detail: |

| Month of Use | Amount to be Reimbursed | Date of Purchase | Additional Comments (If Applicable) |
|--------------|-------------------------|------------------|-------------------------------------|
| | | | |

ALL PASSES AND TRIP INVOICES MUST BE ACCOMPANIED WITH APPROVED BACKUP DOCUMENTATION (A COPY OF THE PASS, OR A RECEIPT FROM PURCHASE OF PASS)

PLEASE KNOW THAT FAILURE TO FILL OUT THIS FORM COMPLETELY AND ACCURATELY CAN RESULT IN DELAY OF PAYMENT.

Worker Signature

Date

Employer Signature

Date

FAX OR MAIL INVOICE REQUEST TO: FAX: (855)-867-1676 MAIL: PPL, CA GGRC, 7776 S Pointe Pkwy W, Phoenix, AZ 85044