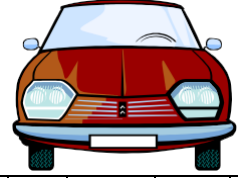


## MA Participant Directed Program Transportation Invoice



<b>Provider Name:</b>	<b>Provider ID Number:</b>	<b>E</b>								
<b>Provider Address:</b>	<b>*Tax ID Number:</b>									
<b>City, State, Zip:</b>										
<b>Participant First Name:</b>										
<b>Participant Last Name:</b>	<b>Participant ID Number:</b>	<b>X</b>	<b>X</b>							

Service Code	Start Destination	End Destination	Number of Units	Service Date	Rate	Total \$
					<b>Total Amount (in \$) requested: \$</b>	

Code	Service Description	Definition	Unit Type
<b>5198</b>	Transportation-Mileage	Reimbursement at a rate per mile	Unit
<b>5300m</b>	Transportation-Unique	Requires DDS Area Director Approval	Unit

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

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**Provider Signature** **Printed Name** **Date**

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**Participant Signature** **Printed Name** **Date**

*\*A Tax Identification Number is required or the invoice cannot be processed. For an individual, the Tax Identification number is the social security number. For an Agency vendor, the Tax Identification number is the Federal Employer Identification Number (FEIN).*

**Please fax, mail or scan Program Invoice Request with copy of receipts, price quote or price check to your local Department of Developmental Services (DDS) Area Office.**

**DDS reviews and approves all invoices for PPL payment processing**