

**Public Partnerships, LLC**  
P.O. Box 5157  
Charleston, WV 25361  
Phone: (877) 908-1757  
Fax: (877) 567-0071



**EMPOWERING  
PEOPLE'S HEALTH**

**West Virginia Personal Option  
Intellectual/Developmental Disabilities 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.
2. Transportation services billed on this invoice will be reimbursed at a rate set by your participant/employer.
3. The participant/employer must review approve and sign the invoice.
4. The invoice must be faxed to 1-877-567-0071;  
or Mail to: Public Partnerships, LLC P.O. Box 5157 Charleston, WV 25361

Participant Name: _____ Participant ID#: _____				
Employee Name: _____ Employee ID#: _____				
Service Code: A0160U3				
Date	Starting Destination	Ending Destination	Purpose of Travel	Mileage
			<b>Total Mileage:</b>	
<b>Signatures:</b> I verify that I have a current valid driver's license, current vehicle inspection sticker, 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: _____				

**Important Reminder:** The Participant must be authorized for transportation services, be present in the vehicle, and the purpose of the trip must relate to the participant's assessed needs and goals in order to bill for reimbursement.

## Transportation Documentation Requirements

The transportation invoice requires that you complete the certain fields on the invoice from using the list of pre-defined destination and purpose of travel categories:

### 1. Starting Destination

- Participant's Home
- Employment/Volunteer Site
- Facility Day Program
- Fitness Center
- Public Park
- Healthcare Facility
- Crisis Respite Site
- SFCP Respite Home
- I/DD Waiver Provider
- Barber/Salon
- Store
- Bank
- Post Office
- Library
- Restaurant
- Public Transportation Station
- Relative/Friend's Home
- Hotel/Conference Center

### 2. Ending Destination

- Participant's Home
- Employment/Volunteer Site
- Facility Day Program
- Fitness Center
- Public Park
- Healthcare Facility
- Crisis Respite Site
- SFCP Respite Home
- I/DD Waiver Provider
- Barber/Salon
- Store
- Bank
- Post Office
- Library
- Restaurant
- Public Transportation Station
- Relative/Friend's Home
- Hotel/Conference Center

### 3. Purpose of Travel

- Career Development
- Social Skills Development
- Functional Academics Development
- Healthcare
- Safety
- Community Awareness
- Communication Skills Development
- Decrease Maladaptive Behavior
- Shopping
- Personal Hygiene
- Exercise

**IMPORTANT:** These documentation fields are required. If these fields are not completed you will be notified and requested to submit a corrected invoice.

**Important Reminder:** The Participant must be authorized for transportation services, be present in the vehicle, and the purpose of the trip must relate to the participant's assessed needs and goals in order to bill for reimbursement.