

**SOCIAL SECURITY ADMINISTRATION (SSA)
OFFICE OF MEDICAL AND VOCATIONAL EXPERTISE (OMVE)
TRAVEL REIMBURSEMENT REQUEST**

You may be reimbursed for travel related expenses to the consultative examination and/or testing location(s). Please complete, sign and return this form within 10 days after your appointment date along with the appropriate receipts to the "Return To" address listed below. Upon receipt of the completed form and appropriate receipts, travel expenses will be paid based on the round-trip distance between your address and the appointment location (shown below). If you have any questions or need assistance, please call [800 NUMBER] [CASE MANAGER'S EXTENSION]. Travel reimbursement is authorized in accordance with SSA's regulations for claimant travel and the Federal Travel Regulation.

Return To: **Social Security Administration**
Office of Medical and Vocational Expertise
Attn: [CASE MANAGER'S NAME]
Post Office Box 32926
Baltimore, MD 21241-2926

CONSULTATIVE EXAMINATION (CE) INFORMATION

Service Request

Number: [SERVICE REQUEST NO.]

Name: [CLAIMANT'S NAME]

Address: [CLAIMANT'S ADDRESS], [CLAIMANT'S CITY ,ST, ZIP]

CE Provider's Name: [VENDOR'S NAME]

Appointment Location: [VENDOR'S ADDRESS], [VENDOR'S CITY ,ST, ZIP]

Appointment Date: [APPOINTMENT DATE]

Appointment Time: [APPTMT TIME]

If you use a privately-owned vehicle to travel to the appointment, we will reimburse you at the current mileage rate in accordance with federal regulations. If you travel by mass transportation (e.g., bus, subway, etc.) you will be reimbursed at the customary rate. If you require **unusual travel arrangements** (e.g., taxi, plane, train, medically equipped vehicle, etc.), you must contact the Case Manager before your appointment to request pre-approval for travel reimbursement. Failure to obtain pre-approval may result in you not being eligible for reimbursement for unusual travel expenses.

PLEASE COMPLETE THE FOLLOWING SECTION AND EACH ITEM FOR WHICH YOU ARE REQUESTING REIMBURSEMENT.

Please indicate your round trip mileage: I traveled _____ miles by privately-owned vehicle.

If you were required to pay any tolls, amount paid in tolls: \$ _____

If you were required to pay for parking, amount paid in parking: \$ _____

For this section, you must obtain pre-approval in order to request reimbursement. Enter the name of the person that approved this travel and date approved:

_____ (Name) _____ (Date)

If you required unusual travel expenses (e.g., taxi, train, bus, plane, etc.), enter the type of transportation used and the amount paid. **YOU MUST ATTACH RECEIPTS.**

I traveled by _____ (taxi, train, bus, plane, etc.) and paid \$ _____ for transportation.

Please explain why this mode of transportation was necessary:

Please sign and date in space below:

I certify that the amount requested is true and correct, and that I have not received payment or credit for this reimbursement request.

_____ (Signature)

_____ (Date)

FOR PAYMENT INFORMATION, CONTACT:

KATHERINE DICKERSON
1-800 582-6041 EXTENSION 64805

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SOCIAL SECURITY CERTIFICATION (SSA USE ONLY)

Certification of Payment: The travel information has been reviewed and approved.

_____ **[CASE MANAGER'S NAME]** (CM Signature)

_____ (Date)

Authorization of Payment: The travel payment has been issued for \$ _____ on _____, check # _____.

_____ (Cashier Signature)

_____ (Date)

PRIVACY ACT/PAPERWORK REDUCTION ACT NOTICE

The information requested on this form is authorized by the Social Security Act, Title 20 CFR 404.999a, 404.999b, 404.999c, and 404.999d. You may be reimbursed for your travel related expenses to and from your consultative examination and/or test. We need to know how much you paid in travel expenses in order to reimburse you the correct amount. The information you provide on this form will be used to calculate your round trip expenses between your address and the appointment location. Information requested on this form is voluntary. However, if you do not provide the required information, we will be unable reimburse you for your travel related expenses to and from the consultative examination and or test. While the information you furnish on this form would almost never be used for any purpose other than calculating and paying you for your travel expenses, such information may be disclosed by SSA for the following purposes (1) to assist SSA in determining the right to Social Security benefits for yourself or another person; (2) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of programs administered by SSA, and (3) to comply with laws and regulations requiring the exchange of information between SSA and another agency.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security Office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Only comments relating to our time estimate should be provided, not the completed form.*