

Thomas O. Forslund, Director

Governor Matthew H. Mead

**SECTION I**

**TRANSPORTATION EXPENSE VERIFICATION FORM**

Please Print

This verifies that I, \_\_\_\_\_, provided transportation for  
(NAME OF PERSON COMPLETING FORM)

\_\_\_\_\_, on \_\_\_\_\_ to an appointment at  
(NAME OF APPLICANT) (DATE)

\_\_\_\_\_  
(NAME OF AGENCY/PROVIDER, CITY AND STATE)

***By signing this form, I affirm that the above information is an accurate statement of assistance. I understand that this card is to be used for transportation expenses, and cannot be used for the purchase of alcohol, tobacco, illegal drugs or firearms.***

***I further understand that if I deliberately provide false information, the Applicant may be removed from the Program, prosecuted under applicable state and federal statutes, or both.***

\_\_\_\_\_  
SIGNATURE OF PERSON PROVIDING TRANSPORTATION

\_\_\_\_\_  
DATE

**SECTION II**

Please Print

This verifies that \_\_\_\_\_ came to our office  
(name of applicant)

on \_\_\_\_\_ for an appointment. The purpose of this appointment was  
(date)

\_\_\_\_\_  
Agency/Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

3/2016