



**Paratransit Reimbursement Form**

**Student Information**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please complete the following**

1. Are you currently using Paratransit Services? If yes, please submit your trip summary/history.

Yes       No

2. What semester are you seeking reimbursement? (2017-2018 to current)

Current Semester Only

Spring 2017       Summer 2017       Fall 2017

Spring 2018       Summer 2018       Fall 2018

Spring 2019       Summer 2019       Fall 2019

3. Were you enrolled in 6 or more units for each of the semesters that you are claiming above?

Yes       No

4. Do you have receipts? If yes, please submit.

Yes       No

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Internal Use Only**

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Status: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: