

## Province of Manitoba Employment and Income Assistance

Community Service Delivery

## MEDICAL MILEAGE TRANSPORTATION FORM

CLIENT'S						
NAME AND WHO						
THE APPOINTMENT						
IS FOR:						
ADDRESS:						
CASE						
NUMBER:						
DRIVERS NAME:						
AMOUNT OF BUS FARE (TICKETS/RECEIPTS MUST BE ATTACHED):						
AMOUNT OF PARKING COSTS ( RECEIPTS TO BE ATTACHED)						

## CONFIRMATION ONLY *MEDICAL TRANSPORTATION*MUST BE RETURNED WITHIN 30 DAYS OF APPOINTMENT

DATE OF APPOINTMENT	APPOINTMENT WITH AND PHONE NUMBER	DESTINATION (FROM – TO)	NUMBER OF KILOMETERS	AUTHORIZED MEDICAL SIGNATURE/ STAMP AND TITLE OF PHYSICIAN

PLEASE ENSURE THAT ALL FIELDS ARE COMPLETE

Revised: November 2013