**AGENCY REQUEST FOR TRANSPORTATION**

**AND AUTHORIZATION FOR REIMBURSEMENT**

**Agency Information**

Name of Agency:

Phone: Choose an item.

Address: Choose an item.

Agency Authorized Representative: Choose an item.

Title: Choose an item.

**Bill To Information:**

Agency Name: Choose an item.

Attention: N/A

Billing Address: Choose an item.

**Trip Request Detail:**

**Dates of Service: Mon**

**Tues**

**Wed**

**Thurs**

**Fri**

**Sat**

**Sun**

**Start Date:**

**Details:**

**End Date:**

Name of Passenger(s):

(List additional names below or attach separate list for multiple passengers)

SSN (Last 4 digits):

DOB:

Special Needs:

Authorized Escort/Relationship:

Check One: Ambulatory:  Wheelchair:  Non-Emergency Stretcher

Date of Service:

Requested Pick Up Time: **:**

Pick-Up Location:

(Include facility name, room number, and contact number, if applicable)

Destination Address:

Additional Comments:

**Clients included in this authorization**: