

Great Start Readiness Program (GSRP)
 Reimbursement of Public Transportation Costs
 for Community-Based Providers (CBOs)

ISD Name: _____
 CBO Name: _____
 Child's Name: _____
 Child's Address: _____
 Month and Year: _____

Instructions:

1. A CBO seeking reimbursement must fill out this form for monthly submission for each enrolled GSRP child using public transportation and accompanied by the parent or guardian to/from the GSRP program.
2. A documented need for the reason for the use of public transportation must be filled in below.
3. CBO completes information for each day of the month public transportation was used.
4. Parent or guardian must initial beside each day and provide a signature once the form is completed.
5. Receipts submitted by parent or guardian must clearly disclose public transportation provider, cost, date, time, and location (or MapQuest) of each trip to/from home and to/from CBO.
6. Once form is completed and receipts are collected, CBO signs form and submits to ISD for review.
7. ISD reviews form and receipts, issues reimbursement to the CBO, and then submits documentation to MDE for final review.

Need for the reason for the use of public transportation:

Date	Type of Transportation Used	Location From/To	Location From/To	Parent or Guardian Initials (for each trip)

Parent or Guardian Signature: _____ Date: _____
 CBO Authorized Official Signature: _____ Date: _____
 ISD Authorized Official Signature: _____ Date: _____

MDE Use Only: