MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

MO HealthNet Spend Down Transportation Expense Log

Participant Instructions: If you wish to claim transportation costs toward your spend down, please complete and submit this form to FSD.IM.SpendDownDocs@dss.mo.gov or return to a Family Support Division office. You will need to attach a receipt or bill for the service you received, such as receipt for the prescription you picked up or the doctor appointment you kept.*

Participant Name (Please Print): _____ **MO HealthNet Number:** _____

Date of Service	Medical provider name, address and type of service *	Round trip distance	Who provided the transportation? Phone number	Signature of person providing transportation	Total Amount of Charge**
EX. 11/30/12	**Dr. Smith, 201 Main St, Anytown MO – oncology**	**20 miles**	**John Doe 573-222-3333**	**John Doe**	**$10.00**

* Attachments verifying the information above must match the dates of services listed.
** The amount you paid will not be allowed if it exceeds the state mileage rate. If this occurs, the state rate will be applied.

PLEASE COMPLETE AND SIGN ATTESTING TO THE ACCURACY OF INFORMATION PROVIDED:

Name of Person Completing Form (Please print): _____ Phone: _____

Address: _____

Signature of person completing form (required): _____