



Transportation Reimbursement Incentive Program (TRIPs)

Name: _____

Month: _____ Year: _____

**This form must be returned to MST by the 10th of the following month. Mailed forms must be postmarked before the 10th of the month.
Mail to: 15 Lincoln Ave, Salinas, CA 93901 Fax: 831-296-8826 or E-mail: mobility@mst.org**

Trip Date	Origin Location Name, City, and Zip	Destination Location Name, City and Zip	Type of Trip (use code)	Total Mileage	If Round-Trip, check box
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Please use the following codes to complete the type of trip for the day:

1 Adult Day Care	3 Church	5 Dialysis	7 Medical Appts.	9 Pharmacy	11 Recreational Activity	13 Visiting Family/Friends
2 Banking	4 Community Centers	6 Work	8 Nutrition Programs	10 Physical Therapy	12 Shopping	14 Other (Please Write in)

Agreement - Please Read before signing:

I certify that the information provided is true and accurate and that all travel was completed as reported. My volunteer driver is not an employee of Monterey-Salinas Transit District (MST). I understand and agree that MST is not liable for my choice of volunteer driver, and release MST from liability for insurance, or for any claims, losses, or liabilities arising out of, or in any way connected with my participation in TRIPs. Further, I agree to abide by all of MST's program policies and understand that failure to do so, or to engage in fraudulent activity, may result in my becoming ineligible for continued participation in TRIPs. I agree to pay a reimbursement, when received, to my volunteer drivers.

Participant's Signature

Date