East Bay Paratransit Reimbursement Form **Student Information** _____Student ID: Name: _ Address: ______ Email: _ Phone: L Please complete the following 1. Are you currently using East Bay Paratransit Services? If yes, please submit your trip summary/history. Yes 2. What semester are you seeking reimbursement? **Current Semester** Past Semester/s (list): 3. Were you enrolled in 6 or more units for each of the semesters that you are claiming above? No Yes 4. Do you have receipts? If yes, please submit. Student signature: Date: Internal Use Only Status: Verified by: Date: Date: Notes: