



Paratransit Reimbursement Form

Student Information

Name: _____ Student ID: _____

Address: _____

Phone: _____ Email: _____

Please complete the following

1. Are you currently using Paratransit Services? If yes, please submit your trip summary/history.

Yes No

2. What semester are you seeking reimbursement? (2017-2023 to current)

Current Semester Only

Spring 2017 Fall 2017 Spring 2018 Fall 2018

Spring 2019 Fall 2019 Spring 2020 Fall 2020

Spring 2021 Fall 2021 Spring 2022 Fall 2022

Spring 2023 Fall 2023

3. Were you enrolled in 6 or more units for each of the semesters that you are claiming above?

Yes No

4. Do you have receipts? If yes, please submit.

Yes No

Student signature: _____ Date: _____

Internal Use Only

Verified by: _____ Date: _____ Status: _____ Date: _____

Notes: