

County of San Bernardino
Department of Workforce Development

TRAVEL ASSISTANCE CLAIM

☐ HIGH DESERT ERC ☐ WEST VALLEY ERC ☐ EAST VALLEY ERC

Service Levels

- ☐ Core B
☐ Intensive
☐ Training
☐ Post Exit Follow-Up

PV ID# _____

For the Month/Year of: _____

Customer Name: _____

Phone #: _____ Last 4-SSN: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Activity Site: _____

Date	Destination	Purpose of Trip	Total Round Trip Miles
SUBTOTALS FROM SECOND PAGE (IF APPLICABLE):			
TOTALS:			

_____ X \$ _____ = \$ _____
Total # of Miles or Days Amount per Mile / per Day Total Amount Requested

I hereby certify, under penalty of perjury, that the miles claimed in this request reflect the actual mileage of days attended. I understand that all claims which are not supported by documentation are subject to non-payment by DWD. I understand that any claim which is less than \$25.00 will not be paid until total claims are \$25.00 or more. I will be paid \$25.00 or less when I complete a DWD activity, get a job, or no longer receive DWD services.

Customer Signature: _____

Date: _____

DWD Case Manager Signature: _____

Date: _____

DWD Case Manager Printed Name: _____

