

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

TRIP

Request for Refund of Purchase Requirement

Name: _____

Case Number: _____

Address: _____

Assistance Group: _____

I, _____, hereby request full reimbursement for the purchase requirement paid for **TRIP** Ticket Books which were issued to the above named participant.

Signature of Client, Authorized Representative or Administrator

The following **TRIP** Ticket Books were received from the above named person:

Book Number	Value of Tickets in Book	Book Number	Value of Tickets in Book
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total Value	\$	Total Value	\$

I certify the above listed Transportation Books and the value of tickets therein were received and will be mailed to the State Office for disposition and refund of the purchase cost of these tickets.

I further certify this request is in accordance to TRIP Program regulations regarding refunds and the plan of participation for this household indicates a refund for the purchase cost in the amount of \$_____.

Worker's Signature

ID Number

Date

White	-	Attach to Books and Mail to State Office
Pink	-	Clients Receipt
Gold	-	Case Record File