



## AUTOMOTIVE REPAIR/ESSENTIAL MAINTENANCE REIMBURSEMENT AUTHORIZATION

Student: \_\_\_\_\_ Student ID# \_\_\_\_\_ Date: \_\_\_\_\_

Vehicle Type/Make: \_\_\_\_\_ Vehicle License #: \_\_\_\_\_

Vehicle repairs/maintenance must be made after the completion of the **CARE Intake**. Repairs/Maintenance must include **ESSENTIAL PARTS/SERVICES** for operation ONLY.

The CARE program will reimburse up to **\$200.00** for auto repairs per semester. It is the student's responsibility to pay for any amount that exceeds **\$200.00**. Last day to submit a request is **April 17, 2020**. All receipts must be submitted by **April 24, 2020**, if it is not submitted, your request for reimbursement will be voided, and no reimbursement will be made.

*Note: This document is valid only with an original signature from an authorized district representative.*

**Repair Date:** \_\_\_\_\_

**To the Student:**

I understand that this Auto Repair/Maintenance Voucher shall be used for the vehicle indicated above. I also understand that misuse of this non-transferable form may result in my termination from the CARE program.

In addition to signing this form, the student MUST PROVIDE THE FOLLOWING to the CARE program:		
Verification Needed	Dates Turned In	Notes
Copy of the student's current driver license		Unmet need: _____ Date: _____
Copy of current vehicle registration		Access: _____
Original "proof of payment" and an itemized receipt is needed. Clearly, indicating how the car repairs were paid for, the receipt must indicate form of payment and show a zero balance. Payment must be itemized; an Internal audit, review, and verification of all documents will be done, your original proof of payment will be kept on file in the business services department at MSJC.		Colleague: _____
		Approved: Yes No If not approved; why? _____
		Emailed Student status: _____
		Verified by: Kathy Ponio

If all required documentation is received and Business Services approves the reimbursement, the process normally takes up to two months for processing.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Leslie Salas, Director

\_\_\_\_\_  
Date