Washington State
Department of Social & Health Services
Transforming lives

ECONOMIC SERVICES ADMINISTRATION (ESA)
COMMUNITY SERVICES DIVISION (CSD)
Mental Incapacity Evaluation (MIE)
Contractor Travel Plan

To be completed and approved / denied for all travel plans for MIE contractors ONLY. **Please complete form electronically.**

1. Traveler Information: This section must be completed or form will not be valid.

CONTRACTOR'S NAME		DSHS CONTRACT NUMBER	CONTRACT START DATE AND END DATE
CONTRACTOR'S PHONE NUMBER	CONTRACTOR'S CELL PHONE	CONTRACTOR'S EMAIL ADDRESS	
CONTRACTOR'S RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
CONTRACTOR'S OFFICE ADDRESS	CITY	STATE	ZIP CODE

2. Travel Itinerary: Please enter each itinerary separately. Please choose from drop-down menu provided in SELECT fields.

STARTING LOCATION (RESIDENCE / OFFICE): **Must enter whichever starting point is most economical for the agency.**	TO (COMMUNITY SERIVES OFFICE): **If traveling to multiple destinations in the same itinerary, check box and list additional destinations.**	TOTAL MILEAGE (ONE WAY)	TOTAL MILEAGE (ROUND TRIP)	NUMBER OF TRIPS PER MONTH
1. **Select starting location.**	**Select CSO.** ☐ MULTI-DESTINATION (LIST BELOW):			
2. **Select starting location.**	**Select CSO.** ☐ MULTI-DESTINATION (LIST BELOW):			
3. **Select starting location.**	**Select CSO.** ☐ MULTI-DESTINATION (LIST BELOW):			
4. **Select starting location.**	**Select CSO.** ☐ MULTI-DESTINATION (LIST BELOW):			
5. **Select starting location.**	**Select CSO.** ☐ MULTI-DESTINATION (LIST BELOW):			

3. Travel Expense Estimated: Less than 100 miles one way - you are NOT eligible for lodging or meals.

ITEM OF EXPENSE	NUMBER OF DAYS PER MONTH	STATE TRAVEL RATES*	ESTIMATED COSTS	
Lodging: **Must be scheduled for a full day, at least five (5) appointments.**		Up to $107 per night plus tax	$	-
Meals: **Must be eligible for lodging to claim reimbursement for meals.**		$59 per day	$	-
Incidentals (i.e., bridge tolls, ferry tickets, etc.)				
Total mileage		$.67 per mile	$	-
		Total	$	-

4. Signatures and Approval / Denial

CONTRACTOR'S SIGNATURE	DATE	DSHS SIGNATURE	DATE
DSHS PRINTED NAME	TITLE	APPROVAL STATUS	TRAVEL PLAN REVIEW DATE
COMMENTS			

* To view current published state travel rates, visit:
  http://www.ofm.wa.gov/resources/travel.asp