East Bay Paratransit Reimbursement Form Student Information _____ Student ID: Name: _ Address: ______ Email: ____ Phone: L Please complete the following 1. Are you currently using East Bay Paratransit Services? If yes, please submit your trip summary/history. Yes 2. What semester are you seeking reimbursement? Spring ____ 3. Were you enrolled in 6 or more units for each of the semesters that you are claiming above? No 4. Do you have receipts? If yes, please submit. _____ Date: ___ Student signature: Internal Use Only Verified by: Date: Status: Date: Notes: