



2021 Quarterly Request for Reimbursement

INSTRUCTIONS: This request form must be submitted pursuant to City of Seattle Director’s Rule FOR-HIRE-TRANSPORTATION-01-2021 and King County Public Rule FIN-10-3-3-PR. This form, with supporting receipts for eligible purchase, maintenance and repair expenses,¹ must be submitted by the current wheelchair accessible vehicle (WAV) owner.

To be eligible for reimbursement, “PAID” receipts submitted with this form. Requests submitted by mail must include original receipts; for request submitted by email, digitally-scanned copies will be accepted. PAID receipts **must** include the following information:

- Receipts must show “PAID” (cash or charge card) or show a \$0.00 balance
- Date of purchase/maintenance/repair
- Description of eligible purchase/maintenance/repair
- Expense amount (itemized expenses, including sales tax paid)
- WAV vehicle information (vehicle/endorsement number, VIN, and license plate number)

Submit this form and the "paid" receipts by mail to the Regulatory Compliance and Consumer Protection Division, 700 5th Ave., Suite 4250, Seattle, WA 98104 (ATTN: WAS Fund), or by email to gordon.yong@seattle.gov.

To receive a quarterly payment for expenses incurred in calendar year (CY) 2021, requests and receipts must be received by the last day of the month following the end of the quarter (i.e., Apr. 30th for Q1, Jul. 31st for Q2, Oct. 31st for Q3, and Jan. 31st of CY 2022 for Q4). Receipts will not be accepted after **February 28, 2022**. Receipts may be submitted for the prior three years (2018-2020), **if not already reimbursed**. The maximum amount reimbursed is determined by vehicle age according to the table below:

Vehicle Age*	Maximum Annual Reimbursement Amount
0-6 years	\$6,000
7 years	\$4,800
8 years	\$3,600
9 years	\$2,400
10 years	\$1,200

*Vehicle age is determined based on the model year. For example, a 2017 reimbursement (paid in 2018) for a wheelchair accessible 2010 Toyota Sienna would have a vehicle age of seven (7) years.

¹ Pursuant to City of Seattle Director’s Rule FOR-HIRE-TRANSPORTATION-01-2021 and King County Public Rule FIN-10-3-3-PR, reimbursable maintenance costs must be related to installing, repairing, or replacing vehicle equipment necessary for vehicle accessibility for passengers in wheelchairs. Eligible equipment costs include but are not limited to: wheelchair access ramps and lifts, wheelchair-related safety devices, door mechanisms on the wheelchair accessible entrance, axles, tires, brakes and rotors, transmissions, engines, suspension systems, wheelchair accessibility signs, and equipment designed to improve vehicle accessibility and/or passenger convenience.



2021 Quarterly Request for Reimbursement Form

Owner and Vehicle Information:

Vehicle Owner Name	Vehicle/Endorsement Number	Taxi Assn./For-Hire Co./TNC
	CY	Q \$
Date of Submission	Reimbursement Year	Quarter Total Requested Amount

Note: Expenses must be itemized on the back of this form, and PAID receipts must be submitted with this form.

Sworn Statement & Owner Signature:

I, _____ (print full name) am the current Seattle/King County wheelchair accessible taxicab medallion holder or medallion lessee for _____ (WAV vehicle/endorsement number).

I agree that by submitting this **Request for Reimbursement**, I will defend, indemnify, and hold the City of Seattle harmless from and against any and all claims, damages, or other liabilities arising out of, or relating to, the provision of the services that are the subject of this request.

And, I hereby swear or affirm that the maintenance and equipment invoices and receipts submitted with this request for reimbursement are true and correct and that I have paid them in full. I acknowledge that false claims will be rejected and I may be subject to prosecution.

Signature of WAT Medallion Holder/Medallion Lessee:

Signature _____ Date _____

Phone Number _____ Email Address _____

2021 Quarterly Maintenance and Equipment
Request for Reimbursement Form

Itemized Expenses:

	Date	Description of Maintenance or Equipment Costs	Cost
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

2021 Quarterly Maintenance and Equipment
Request for Reimbursement Form

Itemized Expenses, Continued:

	Date	Description of Maintenance or Equipment Costs	Cost
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			