



Valley Transit (Appleton) Transit Order Form

Please use the enclosed Order Form to request Valley Transit tickets. Instructions for completing and submitting the form are below.

Instructions:

- 1. Write the Service Date.
- 2. Print the Participant Name, Address, Phone Number, and Email Address.
- 3. Complete the number of items (ticket, pass, new WisGo card or lost card) requested.
- 4. Multiply each item by the cost per ticket (\$4 or \$2) or pass (\$60 or \$40) as appropriate. Please keep the Participant's budget in mind.
- 5. Write the total amount.
- 6. Write in participant's account number.
- 7. Sign and date the form.
- 8. Mail, email, or fax the completed and approved order form to:

Mail: iLIFE

P.O. Box 80439

Milwaukee, WI 53208

Email: IRIS.Claims@iLIFE.org

Fax: 920-832-2113

After iLIFE receives the order form, the process is as follows:

- The approved order form is checked against the Participant's budget.
- 2. iLIFE sends payment for the items to Valley Transit.
- 3. Valley Transit will load fixed-route fare funds onto the WisGo card.
- 4. Participants can view their account balance at umopass.com.

Note: Riders will not be notified by Valley Transit when funds are loaded to their accounts. They are encouraged to register their accounts at umopass.com to check their balance.

If you have any questions or need help, please call iLIFE at 1-888-800-5599.





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			ervice Date: ervice Code: T2003
Ordering Information			
articipant Name:			
ddress:			
ity:		State: ZIP:	
hone Number: ()			
mail Address: (
	Fixed R	oute:	
	Non-Reduced	Fare Riders:	
Daily max: \$4 xday(s) =(Amount to load on car			on card)
Monthly Pass:	\$60 xmonth =	(Amount to loa	nd on card)
	Reduced Fa	re Riders:	
Daily max: \$2 xday(s) =(Amount to load on card)			on card)
Monthly Pass:	\$40 xMonth =	(Amount to loa	d on card)
	Total amount to be load	ded to WisGO Card: \$	
Or	ne time purchase of nev	v WisGo Card: \$2 x 1 = \$_	
	Lost Card: \$5.00 (los	st card fee) x 1 = \$	_
articipant Account Number (back	of card, below barcode -	- second set of numbers on	ly)
Specialized Transportation	Number of Rides/ Month	Agency Rate Per One Way Ride	\$ Amount of Order
ADA/Valley Transit II		\$30.00	
pproved	<u>, </u>	Datas	
pproved: (Participant/Guardian Sign	ature)	Date:	