

Travel Log and Invoice

Participant's Name: _____ Travel Authorization Number: _____

Participant ID: _____ DRS Counselor Name: _____ DRS Phone: _____

Contractor Name: _____ Rehab Tech: _____ RT Phone: _____

EC/ES Name: _____ EC/ES Phone: _____ Contractor Invoice #, if applicable: _____

NOTE: Use one row of this form for each destination travelled to, even if there are multiple destinations on the same date. Please specify the GPS system or mapping app used, such as: Garmin, Tom Tom, Rand McNally, MapQuest, Google Maps, etc.

| Date | Travel From Complete Address | Travel To Complete Address | GPS System or Mapping App Used | Miles | Toll Expenses | Purpose of Travel |
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(Miles x State Rate) + Toll = Total Claimed

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State Rate Mileage Claimed

| | | |
|------------------------|-----------------------|----------------------|
| Total Miles | Total Toll | Total Claimed |
|------------------------|-----------------------|----------------------|

INSTRUCTIONS: Complete all information and submit to DRS Counselor monthly, with toll receipts, if applicable.

EC/ES's Name: _____

Date