Travel Log & Invoice

Clear Form

CID#: _____

Participant's Name: _____ **Travel Authorization Number:** _____

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

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

EC Name: _____ **EC 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. Mileage must be at least 35 miles or more one-way to request mileage.

Clear Travel Data

Date	**Travel From** Complete Address	**Travel To** Complete Address	**GPS** System or **Mapping** App Used	**Miles**	**Toll** Expenses	**Purpose of Travel**
					$ 0.00	
					$ 0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	

(State Rate x Miles) + Toll = Total Claimed

$ 0.73 — State Rate

$0.00 — Mileage Claimed

0.00	**0**	**$0.00**
Total Miles	**Total Toll**	**Total Claimed**

INSTRUCTIONS: Complete all information and submit to DRS Counselor monthly with map printout and toll receipts(when applicable).

EC Name: _____ **Travel Log and Invoice Completion Date:** _____