******Advanced Care Northwest LLC**

**Mileage and Transportation Log**

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MID\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allotted Miles:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Month:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Office/Administrative Mileage Total Miles Used for Month: \_\_\_\_\_\_\_\_\_\_\_\_

Billed: \_\_\_\_\_\_\_\_\_

Paid: \_\_\_\_\_\_\_\_\_\_\_

Audited: \_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **DATE:** | **TOTAL MILLAGE** | **DESCRIPTION; BE SPECIFIC IN BUSINESS NAMES:** Example: Client home/Pick up location, Appt., Grocery Store, Laundromat, etc, client home/drop off location.  |
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| **Client Signature:** |  |  |
| **Caregiver Signature:** |  |  |