

# Travel Log & Invoice

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.

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

(State Rate x Miles) + Toll = Total Claimed

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State Rate	Mileage Claimed	Total Claimed
<b>Total Miles</b>	<b>Total Toll</b>	<b>Total Claimed</b>

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

EC Name: \_\_\_\_\_

Date \_\_\_\_\_