

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 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: _____

Date _____