

# DAILY TRIP LOG

Mail Invoices to:

Provider Name:	WEEK ENDING:
DRIVER'S NAME (as it appears on drivers license)	Vehicle Number ( Last six of the VIN )

Date of Service	LogistiCare Job # A or B	Recipient's Name	A W S	Pick-up Time	Drop-Off Time	Total Trip Mileage	Recipient's Signature	Amount

2.5

**\*\*NOTE\*\* Leg of transport** --a leg of transport is the point of pick-up to the destination. Example: Picking recipient up at residence and transporting to the doctor's office would be considered one leg; picking the recipient up at the doctor's office and transporting back to the residence would be considered the second leg of the trip. Each leg of the transport must be documented on separate lines. A signature is required for each leg of the transport. Pick-up and drop-off times **must** be documented **and** in military time.

**Driver's Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that LogistiCare, Inc. will verify the accordance of the mileage being reported and I hereby certify the information herein is true, correct, and accurate.

**DRIVER'S SIGNATURE:** \_\_\_\_\_

A \_\_\_\_\_

W \_\_\_\_\_

S \_\_\_\_\_