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**_____