

Human Resources Center ~ Transportation Invoice - October 2023

MPI# 10000783 Location Code: 0011

Name: _____

Individual Name: _____

Employee:

Primary Caregiver:

Address & Telephone: _____

Rate: \$0.63 Eff: July 2022

Office Use Only

DAY	DATE	LOCATION	ADDRESS	LOCATION	ADDRESS	REASON	MILEAGE	DAILY TOTAL	TRIP MILEAGE	
									Plan	Non-Plan
SUN	1									
SUN	1									
MON	2									
MON	2									
TUE	3									
TUE	3									
WED	4									
WED	4									
THU	5									
THU	5									
FRI	6									
FRI	6									
SAT	7									
SAT	7									
WEEK TOTAL:										
SUN	8									
SUN	8									
MON	9									
MON	9									
TUE	10									
TUE	10									
WED	11									
WED	11									
THU	12									
THU	12									
FRI	13									
FRI	13									
SAT	14									
SAT	14									
WEEK TOTAL:										
SUN	15									
SUN	15									
MON	16									
MON	16									
TUE	17									
TUE	17									

Office Use Only

Plan Miles: _____

Non-Plan Miles: _____

Total Miles: _____

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Name: _____

Individual Name: _____

Employee:

Primary Caregiver:

DAY	DATE	LOCATION	ADDRESS	LOCATION	ADDRESS	REASON	MILEAGE	TRIP MILEAGE		
								DAILY	Plan	Non-Plan
WED	18									
WED	18									
THU	19									
THU	19									
FRI	20									
FRI	20									
SAT	21									
SAT	21									
WEEK TOTAL:										
SUN	22									
SUN	22									
MON	23									
MON	23									
TUE	24									
TUE	24									
WED	25									
WED	25									
THU	26									
THU	26									
FRI	27									
FRI	27									
SAT	28									
SAT	28									
WEEK TOTAL:										
SUN	29									
SUN	29									
MON	30									
MON	30									
TUE	31									
TUE	31									
WEEK TOTAL:										

I verify that miles submitted are in compliance with the authorized Individual Support Plan and that I am in compliance with all waiver requirements. Any mileage submitted that are **not** consistent with the authorized Individual Support Plan will not be processed

Signature: _____ Date: _____ Approved by - _____ Date: _____

Relationship to Consumer: _____

(Invoices must be **approved/verified by the Consumer himself/herself, or Primary Caretaker **before** it is submitted for payment. Invoices that are not signed cannot be paid.)

Signed invoices must be received in our office by the Third (3rd) of each month : fax to: (570) 872-9959

Human Resources Center, Inc.

PO Box 77, Effort PA 18330