

Human Resources Center ~ Transportation Invoice - August 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
TUE	1									
TUE	1									
WED	2									
WED	2									
THU	3									
THU	3									
FRI	4									
FRI	4									
SAT	5									
SAT	5									
WEEK TOTAL:										
SUN	6									
SUN	6									
MON	7									
MON	7									
TUE	8									
TUE	8									
WED	9									
WED	9									
THU	10									
THU	10									
FRI	11									
FRI	11									
SAT	12									
SAT	12									
WEEK TOTAL:										
SUN	13									
SUN	13									
MON	14									
MON	14									
TUE	15									
TUE	15									
WED	16									
WED	16									
THU	17									
THU	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 TOTAL	Plan	Non-Plan
FRI	18									
FRI	18									
SAT	19									
SAT	19									
WEEK TOTAL:										
SUN	20									
SUN	20									
MON	21									
MON	21									
TUE	22									
TUE	22									
WED	23									
WED	23									
THU	24									
THU	24									
FRI	25									
FRI	25									
SAT	26									
SAT	26									
WEEK TOTAL:										
SUN	27									
SUN	27									
MON	28									
MON	28									
TUE	29									
TUE	29									
WED	30									
WED	30									
THU	31									
THU	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