

Human Resources Center - Transportation Invoice - May 2025

MPI# 100000783 Location Code: 0011

Name: _____

Individual Name: _____

Employee:

Primary Caregiver:

Address & Telephone: _____

Rate: \$0.66 Eff: Jan 2023

Office Use Only

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

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
SAT	17									
SAT	17									
WEEK TOTAL:										
SUN	18									
SUN	18									
MON	19									
MON	19									
TUE	20									
TUE	20									
WED	21									
WED	21									
THU	22									
THU	22									
FRI	23									
FRI	23									
SAT	24									
SAT	24									
WEEK TOTAL:										
SUN	25									
SUN	25									
MON	26									
MON	26									
TUE	27									
TUE	27									
WED	28									
WED	28									
THU	29									
THU	29									
FRI	30									
FRI	30									
SAT	31									
SAT	31									

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