

Human Resources Center ~ Transportation Invoice - July 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
SAT	1									
SAT	1									
WEEK TOTAL:										
SUN	2									
SUN	2									
MON	3									
MON	3									
TUE	4									
TUE	4									
WED	5									
WED	5									
THU	6									
THU	6									
FRI	7									
FRI	7									
SAT	8									
SAT	8									
WEEK TOTAL:										
SUN	9									
SUN	9									
MON	10									
MON	10									
TUE	11									
TUE	11									
WED	12									
WED	12									
THU	13									
THU	13									
FRI	14									
FRI	14									
SAT	15									
SAT	15									
WEEK TOTAL:										
SUN	16									
SUN	16									
MON	17									
MON	17									

Office Use Only

Plan Miles: _____

Non-Plan Miles: _____

Total Miles: _____

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Name: _____

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Employee:

Primary Caregiver:

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