Human Resources Center ~ Transportation Invoice - November 2023

MPI# 100000783 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	TRIP MILEAGE Non-Plan
WED	1									
WED	1									
THU	2									
THU	2									
FRI	3									
FRI	3									
SAT	4									
SAT	4									
						WEEK TOTAL:				
SUN	5									
SUN	5									
MON	6									
MON	6									
TUE	7									
TUE	7									
WED	8									
WED	8									
THU	9									
THU	9									
FRI	10									
FRI	10									
SAT	11									
SAT	11									
						WEEK TOTAL:				
SUN	12									
SUN	12									
MON	13									
MON	13									
TUE	14									
TUE	14									
WED	15									
WED	15									
THU	16									
THU	16									
FRI	17									
FRI	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	DAILY TOTAL	TRIP MILEAGE Plan	TRIP MILEAGE Non-Plan
SAT	18									
SAT	18									
						WEEK TOTAL:				
SUN	19									
SUN	19									
MON	20									
MON	20									
TUE	21									
TUE	21									
WED	22									
WED	22									
THU	23									
THU	23									
FRI	24									
FRI	24									
SAT	25									
SAT	25									
						WEEK TOTAL:				
SUN	26									
SUN	26									
MON	27									
MON	27									
TUE	28									
TUE	28									
WED	29									
WED	29									
THU	30									
THU	30									
						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