

## **West Virginia Transportation Mileage Log**

Please submit all miles driven as a whole number, if submitted as a decimal it will be rounded down for payment and processing as fractions of units cannot be billed. Mileage will be paid per trip. A trip is defined as from the point of pick-up to the destination while the participant is in the car as identified in the service plan.

- 1. This invoice must be completed and submitted each pay period. Please do not put dates for more than one pay period on a single invoice. If more space is needed for a single pay period, submit an additional form for those dates.
- 2. Transportation services billed on this invoice will be reimbursed at a rate set by your participant/employer. Please write this on the form, the maximum rate per program rules is .50 per mile.

3. The partic	cipant/program repre	sentative must review, a		gn the invoice.
Doubleimant Ful	I Nieuwa	REQUIRED INFORMAT		
Participant Full Name			Participant ID	
Worker Full Name			Worker ID	
DATE		TRIP DETAILS		TOTAL MILES *Whole numbers only*
Total Miles Driven: *Whole numbers only*				
· ·		employer and cannot exertee.	ceed .50 per m	ile.
•	tration as required by		•	cker, motor vehicle insurand billing for services provided
articipant/Employer Signature			<mark>Date</mark>	
orker Signature			Date	

Please return this form to Palco via email: **accounting@palcofirst.com** or via fax to **1.877.859.8757** or mail to PO Box 242930, Little Rock, AR 72223.