

## **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	ipant/program repres	sentative must review, a	pprove, and sign	the invoice.
		REQUIRED INFORMAT		
Participant Full Name			Participant ID	
Worker Full Name			Worker ID	
DATE		TRIP DETAILS		TOTAL MILES *Whole numbers only*
			iles Driven: mbers only*	
· · · · · · · · · · · · · · · · · · ·		employer and cannot exerce.	ceed .50 per mile.	
•	ration as required by		•	er, motor vehicle insurance ling for services provided i
Participant/Employer Signature			Date	
Worker Signature			<b>Date</b>	

Please return this form to Palco via email: <u>accounting@palcofirst.com</u> or via fax to 1.877.859.8757 or mail to PO Box 13260, Maumelle, AR 72113.