P.O. BOX 13260
Maumelle, AR 72113
Toll Free: 866.710.0456
Online:PalcoFirst.com

Wisconsin 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 participant/program representative must review, approve, and sign the invoice.

REQUIRED INFORMATION	
Member Full Name	Member ID
Worker Full Name	Worker ID

DATE	SERVICE CODE	TOTAL MILES *Whole numbers only*
	Total Miles Driven: *Whole numbers only*	

I, the Member or Legal Guardian, confirm that the employee listed below provided the services as described, in line with the approved support and spending plan. The member was not in a hospital, nursing home, or institution during this time. Knowingly falsifying this timesheet is Medicaid Fraud and may lead to removal from the program and/or criminal charges.

_____ _____

Member/Employer Signature **Date**

I, the Employee, certify that I have provided the services listed above and that the participant was not in a hospital, nursing home, or institution. Giving false information is considered Medicaid Fraud.

_____ _____

Worker Signature **Date**

Please return this form to Palco via email: ***accounting@palcofirst.com*** or via fax to (toll free)**1.877.859.8757** or **501-821-0045** or mail to **PO Box 13260, Maumelle, AR 72113**.