

Human Resources Center, Inc.  
 Transportation Invoice  
 Month- January Year- 2018

Name: \_\_\_\_\_  Parent/Guardian  Employee

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Individuals Name: \_\_\_\_\_ Rate: **\$.535/mile**

***Complete the lowing log in its entirety***

Week 1 Dates	To	From	Reason	Total Miles
1-1				
1-2				
1-3				
1-4				
1-5				
1-6				
1-7				
				Total Miles for Wk 1 _____
Week 2	To	From	Reason	Total Miles
1-8				
1-9				
1-10				
1-11				
1-12				
1-13				
1-14				
				Total Miles for Wk 2 _____
Week 3	To	From	Reason	Total Miles
1-15				
1-16				
1-17				
1-18				
1-19				
1-20				
1-21				
				Total Miles for Wk. 3 _____

**FOR OFFICE USE ONLY:**

Plan Miles \_\_\_\_\_ HRC/Non-Plan Miles \_\_\_\_\_ Total Mileage \_\_\_\_\_

Human Resources Center, Inc.  
 Transportation Invoice  
 Month- Jan Year- 2018

Name: \_\_\_\_\_

Individuals Name: \_\_\_\_\_ Rate: \$0.535/ Mile

Week 4	To	From	Reason	Total Miles
1-22				
1-23				
1-24				
1-25				
1-26				
1-27				
1-28				
				Total Miles for Wk. 4 _____
Week 5	To	From	Reason	Total Miles
1-29				
1-30				
1-31				
				Total Miles for Wk. 5 _____

Total Number of Miles for Month- \_\_\_\_\_ Amount Due \$ \_\_\_\_\_

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 hours submitted that are **not** consistent with the authorized Individual Support Plan will not be processed

Employee 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 *Fifth (5th) of each month:***  
 fax to: (570) 872-9959 or Human Resources Center, Inc. PO Box 77 Effort, PA 18330