

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

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

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

Telephone # - \_\_\_\_\_

Individuals Name: \_\_\_\_\_ Rate: **\$.545/mile**

Updated Jan 2018

**Complete the following with addresses in their entirety**

Week 1 Dates	To	From	Reason	Total Miles
2-1				
2-2				
2-3				
2-4				
			Total Miles for Wk 1 :	
<b>Week 2 Dates</b>				
2-5				
2-6				
2-7				
2-8				
2-9				
2-10				
2-11				
			Total Miles for Wk 2 :	
<b>Week 3 Dates</b>				
2-12				
2-13				
2-14				
2-15				
2-16				
2-17				
2-18				
			Total Miles for Wk. 3 :	

**FOR OFFICE USE ONLY:**

Plan Miles \_\_\_\_\_ Non-Plan Miles \_\_\_\_\_ Total \_\_\_\_\_

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

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

Individuals Name: \_\_\_\_\_ Rate: \$0.545/ Mile

**Complete the following with addresses in their entirety**

Week 4 Dates	To	From	Reason	Total Miles
2-19				
2-20				
2-21				
2-22				
2-23				
2-24				
2-25				
			Total Miles for Wk. 4 :	
<b>Week 5 Dates</b>				
2-26				
2-27				
2-28				
			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:**

Payroll Specialist- or fax to: (570) 872-9959

Human Resources Center, Inc.

**PO Box 77  
 Effort, PA 18330**