

Human Resources Center, Inc.
 Transportation Invoice
 Month- June 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
6-1				
6-2				
6-3				
			Total Miles for Wk 1 :	
Week 2 Dates				
6-4				
6-5				
6-6				
6-7				
6-8				
6-9				
6-10				
			Total Miles for Wk 2 :	
Week 3 Dates				
6-11				
6-12				
6-13				
6-14				
6-15				
6-16				
6-17				
			Total Miles for Wk. 3 :	

FOR OFFICE USE ONLY:

Plan Miles _____ Non-Plan Miles _____ Total _____

Human Resources Center, Inc.
 Transportation Invoice
 Month- June 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
6-18				
6-19				
6-20				
6-21				
6-22				
6-23				
6-24				
			Total Miles for Wk. 4 :	
Week 5 Dates				
6-25				
6-26				
6-27				
6-28				
6-29				
6-30				
			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