Human Resources Center, Inc.
Transportation Invoice
Month-_____ Year-_____

Name: _____ ☐ Parent/Guardian ☐ Employee

Address: _____

Telephone #: _____

Individuals Name: _____ Rate: $**.535/mile**
Rate effective February 2017

Complete the following log in its entirety

Week 1 Dates	To	From	Reason	Total Miles
				Total Miles for Wk 1 _____
Week 2	To	From	Reason	Total Miles
				Total Miles for Wk 2 _____
Week 3	To	From	Reason	Total Miles
				Total Miles for Wk. 3 _____

FOR OFFICE USE ONLY:

Plan Miles_____

HRC/NON Plan Miles_____

Total Mileage_____

Human Resources Center, Inc.
Transportation Invoice
Month-_____ Year-_____

Name: _____

Individuals Name: _____Rate: $0.54/ Mile

Week 4	To	From	Reason	Total Miles
				Total Miles for Wk. 4 _____
Week 5	To	From	Reason	Total Miles
				Total Miles for Wk. 5 _____
Week 6	To	From	Reason	Total Miles
				Total Miles for Wk. 6 _____

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