

Human Resources Center, Inc.
 Transportation Invoice
 Month- March 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
3-1				
3-2				
3-3				
3-4				
			Total Miles for Wk 1 :	
Week 2 Dates				
3-5				
3-6				
3-7				
3-8				
3-9				
3-10				
3-11				
			Total Miles for Wk 2 :	
Week 3 Dates				
3-12				
3-13				
3-14				
3-15				
3-16				
3-17				
3-18				
			Total Miles for Wk. 3 :	

FOR OFFICE USE ONLY:

Plan Miles _____ Non-Plan Miles _____ Total _____

Human Resources Center, Inc.
 Transportation Invoice
 Month- Mar 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
3-19				
3-20				
3-21				
3-22				
3-23				
3-24				
3-25				
			Total Miles for Wk. 4 :	
Week 5 Dates				
3-26				
3-27				
3-28				
3-29				
3-30				
3-31				
			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:

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

Human Resources Center, Inc.

**PO Box 77
 Effort, PA 18330**