

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

**FOR OFFICE USE ONLY:**

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

Human Resources Center, Inc.  
 Transportation Invoice  
 Month- April 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
4-16				
4-17				
4-18				
4-19				
4-20				
4-21				
4-22				
			Total Miles for Wk. 4 :	
<b>Week 5 Dates</b>				
4-23				
4-24				
4-25				
4-26				
4-27				
4-28				
4-29				
			Total Miles for Wk. 5:	
<b>Week 6 Dates</b>				
4-30				
			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**