

Human Resources Center, Inc.
 Transportation Invoice
 Month- May 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
5-1				
5-2				
5-3				
5-4				
5-5				
5-6				
			Total Miles for Wk 1 :	
Week 2 Dates				
5-7				
5-8				
5-9				
5-10				
5-11				
5-12				
5-13				
			Total Miles for Wk 2 :	
Week 3 Dates				
5-14				
5-15				
5-16				
5-17				
5-18				
5-19				
5-20				
			Total Miles for Wk. 3 :	

FOR OFFICE USE ONLY:

Plan Miles _____ Non-Plan Miles _____ Total _____

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