NON MEDICAL TRANSPORTATION- MILEAGE - DOCUMENTATION

Date of Service	License Plate #	Pick Up Time	Odometer Start	Drop Off Time	Odometer End	Total Miles Driven	Names of All Pas	sengers & Medicaid #	Staff Initials
SIGNATURE: Initials:					Initials:		SIGNATURE:	Initials:	
SIGNATURE: Initials:							SIGNATURE:		
SIGNATURE: Initials:					Initials:	<u></u>	SIGNATURE:		