## KI BOIS Area Transit System - 9

**Provider Name:**

**DAILY TRIP LOG**

# WEEK ENDING:

### Mail Invoices to:

# DRIVER'S NAME (as it appears on driver's license) Vehicle Number (Last six of the VIN)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Service** | **Company Job #**  **A or B** | **Recipient's Name** | **A W S** | **Pick-up Time** | **Drop-off Time** | **Will-Call Time** | **Total Trip Mileage** | **Per Trip Billed Amount** | **Recipient's Signature** |
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\*\*NOTE\*\*\* **Leg of transport** - a leg of transport is the point of pick-up to the destination. Example: Picking recipient up at residence and transporting to the doctor's office would be considered one leg; picking the recipient up at the doctor's office and transporting back to the residence would be considered the second leg of the trip. Each leg of transport must be documented on separate lines. A signature is required for each leg of the transport. Pick-up and drop-off times **must** be documented **and** in military time.

## Driver's Comments:

**I understand that Company name. will verify the accuracy of the mileage being reported and I hereby certify the information herein is true, correct and accurate.**

# Driver's Signature:

**A W S**