



UCPSA Mileage Form for Direct Care Staff Transporting Consumers

Employee Name: _____ Week Of: _____ To: _____ Client Name: _____
Saturday Friday

A new mileage form must be completed for each consumer. Use this section to record only those miles accrued while transporting a consumer. Claims for mileage are due weekly by Monday, no later than 7:30 a.m.

****ALL COLUMNS MUST BE COMPLETED FOR EACH ENTRY, ONLY ONE STOP PER LINE****

Date <small>mm/dd/yr</small>	Beginning odometer reading	Beginning address	Ending odometer reading	Ending address	Reason	Total miles

TOTAL: _____ miles x \$.50 = \$ _____

By signing I agree that the following statements are true.

I have the permission of my supervisor to transport this consumer and to run the errands or take the outings listed below.

I have a current valid driver's license, and a copy of it is on file with UCPSA.

I have current car insurance on the vehicle used to transport, and proof of the insurance coverage is on file with UCPSA.

I have current registration on the vehicle used to transport, and proof of current registration is on file with UCPSA.

My vehicle has working seat belts and safe storage for any equipment.

If my daily total mileage per consumer exceeds 15 miles, I have received permission from my supervisor to go over the maximum allowable mileage.

Employee Signature _____ Date _____

Client Signature _____ Date _____