



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 8 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 \$.65 = \$ _____

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.
- I have a clear 39-month driving record on file with UCPSA.
- My vehicle has working seat belts and safe storage for any equipment.
- If my weekly total mileage per consumer exceeds 30 miles, I have received permission from my supervisor to go over the maximum allowable mileage.

Employee Signature _____ Date _____

Client Signature _____ Date _____