

Transportation Mileage Log

Participant Name: _____

Participant ID: _____

Provider ID: _____

DATE	BEGIN TIME	END TIME	MILES DRIVEN	POINT OF FIRST PICK-UP AND SERVICE DESTINATION	REASON FOR TRANSPORTATION	MORE THAN 1 PARTICIPANT

The Mileage Log may be faxed to: **1.855.405.7037** or mailed to: **Public Partnerships, LLC Attn: ODP, 7776 S Pointe Pkwy W, Suite 150 Phoenix, AZ 85044**

By signing this form, I attest that the above information is accurate and correct.

Employer Name: _____

Employer Signature: _____

Transportation Provider Name: _____

Transportation Provider Signature: _____