Public Partnerships, LLC PA ODP Program 7776 S Pointe Pkwy W, Suite 150 Phoenix, AZ 85044



Instructions for Transportation Mileage Log

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 PARTICIPAN			
Phoenix, A	Z 85044			7037 or mailed to: Public Partnerships, Ll	LC Attn: ODP, 7776 S Pointe Pkwy W,	Suite 150			
				formation is accurate and correct.					
Employer	Name:			Employer Signatu	re:				
Transportation Provider Name:				Transportation Provider Signature:					
Tansport	adon r tovi	der Name		Transportation F1	ovider signature.				

What is the purpose of this form?

The *Transportation Mileage Log* must be completed for each qualified provider who renders transportation mileage under the VF/EA participant direction model. A separate *Transportation Mileage Log* must be completed for each transportation mileage provider; the maximum timeframe that can be covered on one *Transportation Mileage Log* is one calendar month.

How do I complete this form?

- Fill in the Participant's Name, Participant's ID (C#), and the Provider's ID (E#).
- Complete one row for each round trip provided. A round trip is defined as from the point of first pick-up to the service destination and the return distance to the point of origin.
 - Enter the Date, Begin Time, End Time, Miles Driven, Point of First Pick-up AND Service Destination, Reason for Transportation, and indicate whether or not transportation was provided to More Than 1 Participant.
- Both the Common Law Employer and Transportation Provider must sign and date the bottom of the *Transportation Mileage Log.*
- Submit both the *Request for Vendor Payment* form and Transportation Mileage Log together to Public Partnerships, LLC (PPL).

Instructions for Request for Vendor Payment

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 Milea		be faxed t	o: 1.855.405. 7	7037 or mailed to: Public Partnerships, L	LC Attn: ODP, 7776 S Pointe Pkwy W,	Suite 150				
By signing	this form, I	attest tha	t the above in	formation is accurate and correct.						
Employer	Name:			Employer Signatu	re:					
Transnort	ation Provi	der Name	•	Transportation Pr	rovidor Signaturo					