



Common Carrier Transportation Services Trip Log

This form can be filled out by the driver. The transportation provider organization must keep it in the member's file for 10 years. UCare representatives may audit the trip forms at any time.

Member Information

Member Name	UCare Member ID	Date of Service
		Signature Date
<i>It is a federal crime to provide false information. Your signature verifies the time and services entered below are accurate and that the transportation services were provided.</i>		

Common Carrier Provider and Driver Information

Organization/ Company Name	
Driver Name (Print)	Driver License Number
Driver Signature	Signature Date
<i>I certify that by signing this form, it is an accurate account of the miles I actually drove on the dates and at the times stated below.</i>	

Trip Information One-Way Round Trip Multiple Trips (Add details on next page)

Original Pick-Up Address	City/State/Zip	Pick-Up Time
Initial Drop-Off Address	City/State/Zip	Drop-Off Time
Return Trip		
Pick-Up Address	City/State/Zip	Pick-Up Time
Drop-Off Address	City/State/Zip	Drop-Off Time
Total Trip Mileage		

Common Carrier Transportation Services Trip Form (Continued)

Pick-Up Address	City/State/Zip	Pick-Up Time
Additional Drop-Off Address	City/State/Zip	Drop-Off Time
Return Trip		
Pick-Up Address	City/State/Zip	Pick-Up Time
Additional Drop-Off Address	City/State/Zip	Drop-Off Time
Total Trip Mileage		

Pick-Up Address	City/State/Zip	Pick-Up Time
Drop-Off Address	City/State/Zip	Drop-Off Time
Return Trip		
Pick-Up Address	City/State/Zip	Pick-Up Time
Drop-Off Address	City/State/Zip	Drop-Off Time
Total Trip Mileage		