Integrity Inc. Employee Mileage Sheet

DATE RECEIVED _____
OFFICE USE

Client Name _____ **Case Provider** _____

Name Of Payee _____ **Privately Owned License #** _____

Client Address

Date M/D/Y	**GOAL #**	**Detailed explanation of all stops. (Complete Physical Addresses) List Below**	**ODOMETER READING** FROM Beginning	TO Ending
/ /	G#			
/ /	G#			
/ /	G#			
/ /	G#			
/ /	G#			
/ /	G#			
/ /	G#			
/ /	G#			
/ /	G#			
/ /	G#			
/ /	G#			
/ /	G#			
/ /	G#			
/ /	G#			
/ /	G#			

OFFICE USE ONLY | **TOTAL MILES** | **RATE PER MILE** | **Total mileage**

Approved By _____ **Payee** _____

Signature of supervisor **Signature of traveler**

GOALS-----	1.)Self Direction 2).Behavior Management 3.)Exercise & physical fitness 4.)Independent living
	5.)Personal Hygiene 6.)Socialization & community integration 7.) Recreational Activities 8.)Medication management