Integrity Inc Travel Expense Report

Complete One Sheet For Each Consumer **Processing Deadline is 8AM Monday** **No More Than One Month Per Sheet**

Staff Name_____ Consumer_____ check one box below: SL | DCFS | DDS Supervisor_____

Date M/D/Y	Time IN	Time Out	Goal #	* Safety Check	Pickup Point / Destination (Physical Address)	Mileage Start	Mileage Stop	**Office Use** Total Miles	Staff Signature	Consumer Signature
						Total Miles				
						Reimbursement Rate				
						Total				

USE BLACK INK ONLY **PLEASE PRINT**
No White Out

Goals : 1.Self Direction 2.Behavior 3.Exercise&Physical Fitness 4.Independent Living 5.Personal Hygiene 6. Socialization & Community Integration 7. Recreational Activities 8. Medication Management

Staff Signature_____ Supervisor Signature_____

Phone Number_____

DATE AND TIMES MUST MATCH CASE NOTES. AM AND PM MUST BE SPECIFIC ON TIME.
IF ERRORS ARE FOUND, CASE NOTES WILL BE RETURNED FOR CORRECTIONS.
ALL TRIPS MUST BE GOAL-ORIENTED UNLESS APPROVED.

Vehicle License Plate #_____ ***Fire Extinguisher/Baking Soda and First Aid**

Revised 8/11/09