



Gas Reimbursement Trip Log

(Group Home use Only)

Mail to: 798 Park Ave NW
Norton, VA 24273
Fax: (866) 528-0462
Email: Vaclaimsops@logisticare.com

Provider Name: _____

WEEK ENDING: _____

DRIVER'S NAME (as it appears on drivers license) _____

Vehicle Number (Last six of the VIN) _____

| Date of Service | LogistiCare Job # A or B | Member Name | A W S | Pick-up Time | Drop-Off Time | Total Trip Mileage | Amount Billed | Member or Attendant Signature |
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****NOTE** Leg of transport**--a leg of transport is the point of pick-up to the destination. Example: Picking recipient up at residence and transporting to the doctor's office would be considered one leg; picking the recipient up at the doctor's office and transporting back to the residence would be considered the second leg of the trip. Each leg of the transport must be documented on separate lines. A signature is required for each leg of the transport. Pick-up and drop-off times must be documented **and** in military time.

I understand that LogistiCare, Inc. will verify the accuracy of the mileage being reported and I hereby certify the information herein is true, correct, and accurate.

DRIVER'S SIGNATURE: _____