

<b>Transportation Mileage Log</b>
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Participant Name: \_\_\_\_\_ Participant ID (PPL ID): \_\_\_\_\_ SSW ID (PPL ID): \_\_\_\_\_

DATE	BEGIN TIME	END TIME	MILES DRIVEN	POINT OF FIRST PICK-UP AND SERVICE DESTINATION	REASON FOR TRANSPORTATION	MORE THAN 1 PARTICIPANT

The Mileage Log may be faxed to: **1.855.405.7037** or Mailed to: **Public Partnerships, Attn: ODP, 6 Admirals Way, Chelsea, MA 02150**

By signing this form, I attest that the above information is accurate and correct.

Employer Name (Please Print): \_\_\_\_\_ Employer Signature: \_\_\_\_\_

Transportation Provider Name: \_\_\_\_\_ Transportation Provider Signature: \_\_\_\_\_