

DAILY TRIP LOG

Mail Invoices to: LogistiCare Billing Dept. 503 Oak Place Ste 503 Atlanta, GA 30349

KI BOIS Area Transit System - 9 Provider Name:										Atlanta, GA 30349
					WEEK ENDING:					
DRIVER'S NAME (as it appears on driver's license)			-	Vehicle Number (Last six of the VIN)						_
Date of Service	LogistiCare Job # A or B	Recipient's Name	A W S	Pick-up Time	Drop-off Time	Will-Call Time	Total Trip Mileage	Per Trip Billed Amount	Recipient'	s Signature
				1						
				<u> </u>						
				<u> </u>						
leg; picking A signature Driver's C	the recipient up at the is required for each comments:	leg of transport is the point of pick-up to the ne doctor's office and transporting back to the leg of the transport. Pick-up and drop-off tire are, Inc. will verify the accuracy of the leg of the transport.	ne residence v nes must be	would be considered	sidered the s	econd leg of the state of the s	the trip. Eac			
		rue, correct and accurate.				y •••••	-,			
		Driver's Signature:	:					_		
Α			W							