



## IRIS Participant-hired Worker Mileage Log

- Instructions:**
1. Participant-hired worker completes one entry for each trip.
  2. Participant-hired worker and participant employer sign at the bottom.
  3. Please note mileage to the doctor cannot be reimbursed.

**Pay Period Begins (MM/DD/YYYY):** \_\_\_\_\_ **Pay Period Ends (MM/DD/YYYY):** \_\_\_\_\_

**Participant-hired Worker Number:** \_\_\_\_\_

**Print Participant-hired Worker Name:** \_\_\_\_\_

**Print Participant Employer Name:** \_\_\_\_\_

Date	From	To	Purpose	Total Miles
<b>Total Miles:</b>				

By signing below, I acknowledge that my driver's license, vehicle registration, and state-mandated liability insurance coverage were current, in effect, and unrestricted at all times that I provided the transportation services listed above.

**Participant-hired Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Employer or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_