

Client Sample

LE SUEUR COUNTY DEPARTMENT OF HUMAN SERVICES
TRANSPORTATION MONTHLY STATEMENT

Please complete this form for each client and include it with your monthly claims. Claims must be submitted by the last day of the month.

TRANSPORTATION PROVIDER: Linda Smith

ADDRESS: 309 S Montgomery Ave
LeCenter, MN 56057

TELEPHONE NUMBER: 507-357-2251

CLIENT: Same as above

ADDRESS:

TELEPHONE NUMBER:

DATE	PURPOSE	LOCATION FROM	LOCATION TO	ODOMETER START	ODOMETER END	TOTAL MILES
8/29/09	Eye DR Appt	LeCenter	St. Peter	50,000	50,026	26
8/30/09	Medical DR Appt	LeCenter	Mankato	50,050	50,102	52
						78

OTHER EXPENSES

TOTAL MILES X \$.20 = 15.60

DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT
8/30/09	Parking	2.50			
8/30/09	meal & lunch	5.85			

TOTAL OTHER EXPENSES 8.35

Linda Smith
CLIENT SIGNATURE

Same

TRANSPORTATION PROVIDER