

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: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

CLIENT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DATE	PURPOSE	LOCATION FROM	LOCATION TO	ODOMETER START	ODOMETER END	TOTAL MILES

OTHER EXPENSES _____ TOTAL MILES X \$.20 = _____

DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT

TOTAL OTHER EXPENSES _____

CLIENT SIGNATURE _____ TRANSPORTATION PROVIDER _____