

EMPLOYMENT & COMMUNITY TRANSPORTATION MONTHLY TRIP LOG

ECT Administering Agency Name

Community Driver (First & Last Name)

Individual Name

Month/Year

Private Vehicle Trips

Date	Point of Origin (Street Address, City, Zip)	Destination (Street Address, City, Zip)	Total trip miles
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I certify that I used the transportation services above. I understand misrepresentation or falsification of information may be cause for denial, termination, a demand for repayment and/or criminal charges. I understand DMAS may request documentation of the private driver's license, car insurance coverage, criminal record attestation/registry check, monthly travel logs, and receipts for transportation fares.

Individual's/Guardian's Signature _____

Date _____

I certify that I provided the transportation services above to this individual. I understand misrepresentation or falsification of information may be cause for denial, termination, a demand for repayment and/or criminal charges. I understand DMAS may request documentation of the private driver's license, car insurance coverage, criminal record attestation/registry check, monthly travel logs, and receipts for transportation fares.

Driver's Signature _____

Date _____