



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
Total Miles:				

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:** _____