



DIRECT HIRED WORKER/DHW OR VENDOR TRAVEL REIMBURSEMENT LOG

Direct Hired Worker/DHW or Vendor Name: Jane Doe

Participant Name: John Doe

Please make sure to follow approved services on the Participant's ILSP Service Plan

Table with 5 columns: DATE, PURPOSE, FROM, TO, MILEAGE. Includes example entries and a total miles row.

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.

DHW/Vendor Signature: Jane Doe Date: 9 / 10 / 23

Guardian/Participant Signature: John Doe Date: 9 / 10 / 23

Mileage Log Submission:

Mail: 10425 W North Ave. Suite 320 Milwaukee, WI 53226

Walk-in: 10425 W North Ave. Suite 345 Milwaukee, WI 53226

Email: ilsclaims@premier-fms.com

Fax: (877)-334-2619