



PARTICIPANT-HIRED WORKER TRAVEL REIMBURSEMENT LOG

Participant-hired Worker Name: _____

Participant Name: _____ ID Number: _____

Please remember that medical miles cannot be reimbursed through the IRIS program.

DATE	PURPOSE	FROM	TO	MILEAGE
TOTAL MILES:				

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: Jane Smith Date: 07/03/16

Participant/Guardian Signature: John Smith Date: 07/03/16

Mileage Log Submission:

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