Premier
Financial Management Services

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: _____ Date: ____/____/_____

Participant/Guardian Signature: _____ Date: ____/____/_____

Mileage Log Submission:

Mail:
PO Box 26001
Milwaukee, WI 53226

Walk-In:
10425 W North Ave.
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Milwaukee, WI 53226

Email:
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Fax:
1-888-210-9660