CHOICES IN COMMUNITY LIVING, INC.
WAIVER MILEAGE SHEET
Provider # 5700236

Program: Adult Day Services

Date: _____ 20_____

Vehicle License #_____

Commute Start Time: _____ **Commute Stop Time:** _____

Commute Start Time: _____ **Commute Stop Time:** _____

Staff	From/To	Clients Transported	Mileage Begin	Mileage End	# Miles Per trip