

Travel Log

The record must be in English and must be legible according to the standards of a reasonable person.

Member name	Member number	Date of entry	Date of service	Address or description of origin	Address or description of destination	Mileage for most direct route from origin to destination	Mode of NEMT provided (4, 5, 6, 7)	Time of pick up (note time and circle "a.m." or "p.m.")	Time of drop off (note time and circle "a.m." or "p.m.")	Vehicle mileage: trip start	Vehicle mileage: trip end	Name of extra attendant (when provided)	Signature of member or authorized party* attesting to the following: "I certify that I received the reported transportation service."
								a.m. / p.m.	a.m. / p.m.				
								a.m. / p.m.	a.m. / p.m.				
								a.m. / p.m.	a.m. / p.m.				
								a.m. / p.m.	a.m. / p.m.				
								a.m. / p.m.	a.m. / p.m.				
								a.m. / p.m.	a.m. / p.m.				
								a.m. / p.m.	a.m. / p.m.				
								a.m. / p.m.	a.m. / p.m.				
								a.m. / p.m.	a.m. / p.m.				
								a.m. / p.m.	a.m. / p.m.				
Electronic source of documentation used to calculate driving directions and mileage			License plate of vehicle used			Facility National Provider Identifier/Unique Minnesota Provider Identifier (NPI/UMPI)		Printed name of driver (first, last, middle initial)		Signature of driver attesting to the following: "I certify that I have accurately reported in this record the trip miles I actually drove and the dates and times I actually drove them. I understand that misreporting the miles driven and hours worked is fraud for which I could face criminal prosecution or civil proceedings." Signature			

* Provider of medical services can sign in place of member or authorized representative certifying the member was delivered to the provider.