Medicaid Waiver Mileage Log

Staff Name:				**Beginning Odometer Reading:**				
Day	**Date**	**From**	**To destination**	**Start Mileage**	**End Mileage**	**Total Miles**	**Client Name**	**Client Initials**

By my signature, I certify that the destinations and odometer readings are true and correct.

Signature, Waiver Coordinator