



MILEAGE REIMBURSEMENT TRIP LOG

Mail To:

Penquis Transportation Brokerage
PO Box 1162, Bangor, ME 04402
Phone: 1-855-437-5883 or 974-2420

Customer First Name: Middle Initial: Last Name:
Physical Address: City: Phone:

I went to the appointments below and the staff at the medical office signed below. Customer Signature:

Driver First Name: Middle Initial: Last Name:
Driver Mailing Address: City State Zip Code
Driver Phone #: Check box if you are a new driver. Check box if driver information has changed.

I, certify by turning in this form that I have a current and valid Maine driver's license. The vehicle used for the service listed below has a valid inspection sticker from the State of Maine. The vehicle is registered and insured in the State of Maine.

Driver Signature Driver's License # Expiration Date

Table with 5 columns: TRIP DATE, TRIP ID#, MEDICAL PROVIDER (Name, Phone), MEDICAL PROVIDER SIGNATURE, TOTAL MILES. Multiple rows for trip entries.

\*Each date of service must be signed by a medical provider for reimbursement to be approved. NOTE: Each trip will be confirmed with the medical provider's office before payments will be made. The mileage reimbursement is only for when the customer is in the vehicle. This form must be turned in no later than 30 days past the first appointment or reimbursement will be denied.

OFFICE USE DO NOT WRITE BELOW THIS LINE

Received Date: Total mileage to be paid: Total amount for this invoice: Bill Date:



**PLEASE READ  
CHANGE IN REIMBURSEMENT FORMS  
STARTING FEBRUARY 1, 2019 YOU MUST USE NEW FORMS**

**PENQUIS TRANSPORTATION BROKERAGE  
CUSTOMER MILEAGE REIMBURSEMENT TRIP LOG INSTRUCTION SHEET**

All logs must be filled out completely and submitted within 30 days of the first appointment date listed on your reimbursement trip log. You must call us before you go to your appointment; if you have an emergency appointment you must call us when you get home.

**PHOTOCOPIES OF THE MEDICAL PROVIDER, CUSTOMER & DRIVER  
SIGNATURES WILL NOT BE ACCEPTED.**

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\*Please fill out all of the following information on every log, if the log is not filled out completely we will send it back to you for you to fill out:

**Customer Information-** Customer’s full name physical address, phone number and customer signature. (No Photocopies)

**Driver Information-** Please print driver’s full name, mailing address (where the check is to be mailed) & phone number. Driver name must be printed in “I, \_\_\_\_\_ certify” line. Driver signature, driver’s license number and expiration date. (No Photocopies)

**Trip Date-** This date **must** match the date that the Trip ID was issued for or the log will be sent back to you to correct and return for payment. You may enter up to 7 trips per log.

**Trip ID #'s –** These numbers are given to you when you call your appointment in to our office. If you have set up an ongoing appointment with us, please write the word “Ongoing” here.

**Name and Phone # of Medical Provider –** this is the name and phone number of the Medical Provider where you were seen.

**Total Miles –** When your appointment is booked you will be given the total miles that you will be paid each way. The miles going to your appointment and the miles returning back home. Enter the miles here; you are no longer required to enter odometers.

**Please check your deadline schedule for log deadlines. Logs may be turned in any day of the week however; all logs must be turned in no later than 9:00 am on every deadline date. Deadline dates change but the deadline times do not change. If you do not have a deadline schedule, please contact us and we will mail you one.**

Helping Today • Building Tomorrow