

**Mail To:**

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

OUT-OF-STATE MILEAGE REIMBURSEMENT TRIP LOG

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 License #: _____ DL Expiration Date: ____/____/____

I understand Penquis will only reimburse **ONE** person **PER** car. Turning in more than one form per car is considered **FRAUD** and will be reported.

TRIP DATE	TRIP ID#	MEDICAL PROVIDER	MEDICAL PROVIDER SIGNATURE
		Name:	
		Address:	
		Name:	
		Address:	
		Name:	
		Address:	
		Name:	
		Address:	

* 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 60 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: _____