

Employee/Provider Name *(one per mileage log)* _____

 Employer/Service Recipient Name *(child's name)* _____

Pay Period: ____/____/____ to ____/____/____

Employer/Service Recipient County of Residence _____

ATTENTION

- One pay period per mileage log.
- Include transportation that assists or improves a child's general mobility; daily living skills; and/or ability to access community resources, employment, or other activities as described in the individual service plan.
- This service excludes the cost of transportation to and from medical providers.
- The cost of transportation to and from your shift with the child is NOT reimbursable.

Date	Purpose	From (start location)	To (end location)	Mileage
<i>Purpose = why you traveled. What skill is child learning, what community resource is child accessing, etc. Should align with child's service plan.</i>			Total miles driven:	

I/We certify that the information provided on this form is a true and accurate statement of the services provided, that the services were provided in accordance with the care plan, and that the Client/Service Recipient was not hospitalized during the time services were provided. I/We understand that falsification of this timesheet is considered Medicaid fraud and may result in dismissal from employment and/or criminal prosecution.

Employee/Provider Signature _____ Date _____

Employer Representative/Parent Signature _____ Date _____

Mileage logs must be submitted to BDS Fiscal within 60 days of service via one of the following methods:

Mail: 6102 W Layton Avenue, Greenfield, WI 53220 ♦ Fax: 414-329-4510
 Email: bdsfiscal@broadscope.org ♦ Text: 262-373-9870

*For questions concerning payroll matters or how to fill out this form, call BDS Fiscal at 414-329-4500.
 Refer to current payroll schedule for pay dates. BDS Fiscal is associated with Broadscope Disability Services, Inc.*