Butler County Board of Developmental Disabilities
TRIP LOG
MONTH / YEAR _____

DD Individuals's Name:_____	Destination:_____
Address:_____	Address:_____
_____	_____

TRANSPORT DATE	DROP OFF	PICK UP
Total Trips		

FOR OFFICE USE ONLY
PO: _____
Account# :_____
Trip Rate: _____
Amount Due: _____

Please complete the form in its entirety, failure to do so may delay payment.
The trip log is to be submitted monthly. Payment will not be made for trips submitted after three months following the end of the service month.
You are signing stating that the information is true and accurate to the best of your knowledge.

Signature: _____ Date: _____