

# Butler County Board of Developmental Disabilities

## TRIP LOG

MONTH / YEAR \_\_\_\_\_

Individual Served: _____  Address: _____ _____	Destination: _____  Address: _____ _____
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TRANSPORT DATE	DROP OFF	PICK UP
<b>Total Trips</b>		

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: \_\_\_\_\_