Helpers, Inc.

Helper Mileage Log

Recipient Name:_____ **Helper Name:**_____

Address of Recipient:

_____

City, State, Zip:_____

Date	Specific Location & Address	Purpose of Outing	# Miles Driven

_____

Total Miles

_____ _____

Signature of Individual Directing Services Signature of Helper

Please fax to 913-322-7250 or e-mail to info@helpersinc.org within 48 hours of the billing cycle. For assistance call 913-322-7212.

By signing this Mileage Log you are attesting that the information is accurate. Falsification of this document is grounds for immediate dismissal and is prohibited by both Federal and State Law.