

LCP

Vendor Name

Date: _____

Driver's Name (Printed): _____

Driver's Signature: _____
 Vin # (Last 4 Digits) _____

* Only the same MCE can go on the same sheet (ex: if 1st trip is MHS HCC, the 2nd trip must be MHS HCC)

MCE:	MHS	HHW	HIP	HHW	HIP	CareSource	United Health Care
	HCC	HHW	HIP	HHW	HIP	HCC	HCC

Trip ID: _____		One-Way Round Trip Halfway		Combined with Trip# _____	
Member Name: _____		Link with Trip# _____			
1st Leg	Start City	End City	Start Time Military Time	P/U Time Military Time	D/O Time Military Time
2nd Leg					
Total Unloaded:			Total Loaded:		
		Beginning Odometer Reading		End Odometer Reading	
		Member Signature:		Member Signature:	
		No Show ___ Military Time Cancelled ___ Military Time		Dispatcher's Name:	

Trip ID: _____		One-Way Round Trip Halfway		Combined with Trip# _____	
Member Name: _____		Link with Trip# _____			
1st Leg	Start City	End City	Start Time Military Time	P/U Time Military Time	D/O Time Military Time
2nd Leg					
Total Unloaded:			Total Loaded:		
		Beginning Odometer Reading		End Odometer Reading	
		Member Signature:		Member Signature:	
		No Show ___ Military Time Cancelled ___ Military Time		Dispatcher's Name:	

OFFICE USE ONLY		Drivers Notes	
Detour Wheelchair pick-up/drop off Other Return Cancelled Halfway Driver Name: _____ Trainee Name: _____			