Per Mile Non-Medical Transportation – SERVICE DELIVERY DOCUMENTATION FORM – County _____

PROVIDER NAME: _____ **PROVIDER #:** _____

Date	Vehicle License Plate Number	Start time of commute	End time of commute	Origination Point	Destination Point	Beginning Odometer Reading	Ending Odometer Reading	Total number of miles	All individuals in the vehicle during any portion of the commute *Used in conjunction with Key below*									Driver Initials
									1	2	3	4	5	6	7	8	9	

Sample Per Mile NMT Documentation
February 2025

Per Mile Non-Medical Transportation – SERVICE DELIVERY DOCUMENTATION FORM – County _____

PROVIDER NAME: _____ **PROVIDER #:** _____

Key	Individual Name	Individual Medicaid Number (if applicable)
1		
2		
3		
4		
5		
6		
7		
8		
9		

If vehicle is modified or equipped to transport five or more passengers, annual and daily inspections are required and maintained on additional documentation sheets.

Printed Name:_____Signature: _____ INITIALS: _____ DATE: _____

Printed Name:_____Signature: _____ INITIALS: _____ DATE: _____

Printed Name:_____Signature: _____ INITIALS: _____ DATE: _____

Printed Name:_____Signature: _____ INITIALS: _____ DATE: _____

Printed Name:_____Signature: _____ INITIALS: _____ DATE: _____