

SPECIALTY HEALTHCARE DAILY TRIP LOG



Transportation Provider: _____

Date of Service: _____

Driver's License Number: _____

Vehicle ID Number (VIN, Last five digits): _____

SH Trip Number	Beneficiary's Printed Name	Scheduled Pickup Time	Pickup Arrival	Pickup Departure	Drop Off Time	Pick Up Odometer	Drop Off Odometer	Beneficiary's Signature

Each leg of the transport must be documented on separate lines. A signature is required for each leg of the transport. **All times must be documented using military time format.** No shows will be indicated with NS in the Drop-Off Time.

I certify that all information contained herein is true and accurate, and understand that this statement is made subject to the applicable penalties under federal and state law for making false declarations.

DRIVER'S SIGNATURE: _____

DRIVER'S PRINTED NAME: _____