

# Transaction and Mileage Register

\*To be used for approved errands/transport ONLY



Employee Name \_\_\_\_\_

Client Name \_\_\_\_\_

Date	Beginning Odometer	Ending Odometer	Trip Total	Location/ description of errand or transport
___/___/2021				
___/___/2021				
___/___/2021				
___/___/2021				
___/___/2021				
___/___/2021				
___/___/2021				

Date	Location	Description of transaction	Type of currency used (DBT, CC, EBT, Check, Cash)	Cash Given (If None, mark NA)	Total Purchase amount	Change-including cash back from Debit transaction (If applicable)	Client Signature - By signing this form I am verifying that I have received all requested items and confirm I have received my receipt and the correct amount of change from my caregiver.
___/___/2021							
___/___/2021							
___/___/2021							
___/___/2021							
___/___/2021							
___/___/2021							
___/___/2021							

\*\*\*By signing below I verify that all information provided is true and accurate.

Employee Signature \_\_\_\_\_

*\*Caregivers must have a valid driver's license and insurance on file with Senior Solutions to be eligible to run errands or transport clients. Clients with Personal Care services only are not eligible for transportation or homemaker services. Clients of AAAD, SCAAAD, ETHRA, UCAAAD, FTAAAD, or AGAdvantage are not eligible for transportation or errands. Please contact your local office for approval prior to transporting a client or running errands.*