

MILEAGE INVOICE

SEND TO: LifeLong Advocacy
43970 Gratiot Ave. Clinton Twp., MI 48036

 CHANGE OF ADDRESS NEW EMPLOYEE

PROVIDER/ EMPLOYEE	CONSUMER/PERSON RECEIVING THE SERVICES
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Provider/Employee:	Consumer Name:
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Address	Address
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City/State/Zip	City/State/Zip
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Phone	Phone
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Email	Email
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DATE	ODOMETER START	ODOMETER STOP	TOTAL MILES	RATE	TOTAL	DESTINATION/ REASON FOR TRIP	DRIVER'S NAME

TOTAL	
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By signature above, each party assures full accuracy and legitimacy of all services provided as described.
The consumer's signature confirms the services were rendered and authorizes payment. All parties understand that payment of this invoice will be from State and Federal funds and that any false claims, statements, documents of a material fact may be prosecuted under applicable Federal and State Law.
NOTE: Any inaccuracies in the above information will cause nonpayment, in part or in full of this invoice.

Consumer/Employer Designee's Signature	Date
Provider/Employee Signature	Date