

Driver Report for FIA Trips
Turn in on the 1st and 15th of each month

Driver Name: _____ **Phone:** _____

Mailing Address _____

Date _____ Client Name _____ Zip Code _____

Destination _____ Zip Code _____

Vehicle Used: Taurus _____ ADA Van _____ Personal Vehicle _____ Other (explain) _____

Total Miles _____ Total Hours _____ Total Ride Count _____

Circle all that apply: Medical Shopping Other || Elderly Disabled Other

Date _____ Client Name _____ Zip Code _____

Destination _____ Zip Code _____

Vehicle Used: Taurus _____ ADA Van _____ Personal Vehicle _____ Other (explain) _____

Total Miles _____ Total Hours _____ Total Ride Count _____

Circle all that apply: Medical Shopping Other || Elderly Disabled Other

Date _____ Client Name _____ Zip Code _____

Destination _____ Zip Code _____

Vehicle Used: Taurus _____ ADA Van _____ Personal Vehicle _____ Other (explain) _____

Total Miles _____ Total Hours _____ Total Ride Count _____

Circle all that apply: Medical Shopping Other || Elderly Disabled Other

Date _____ Client Name _____ Zip Code _____

Destination _____ Zip Code _____

Vehicle Used: Taurus _____ ADA Van _____ Personal Vehicle _____ Other (explain) _____

Total Miles _____ Total Hours _____ Total Ride Count _____

Circle all that apply: Medical Shopping Other || Elderly Disabled Other