

A.C.T. Home Care, Inc.
Travel Log

Employee Name & Signature (print AND sign):

Date	Client Name	Errand (check box)	Medical Appointment	Approved Amount (will typically be \$2.00)
		<input type="checkbox"/>	Doctor's Name: _____	
		<input type="checkbox"/>	Location: _____	
		<input type="checkbox"/>	Doctor's Name: _____	
		<input type="checkbox"/>	Location: _____	
		<input type="checkbox"/>	Doctor's Name: _____	
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		<input type="checkbox"/>	Doctor's Name: _____	
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		<input type="checkbox"/>	Doctor's Name: _____	
		<input type="checkbox"/>	Location: _____	
		<input type="checkbox"/>	Doctor's Name: _____	
		<input type="checkbox"/>	Location: _____	

You may transport clients for MEDICAL APPOINTMENTS ONLY

**Travel logs are due every Monday by 12:00 noon with your Worksheets in order to receive
Travel Pay**

If paperwork is not received by deadline, you will not get paid!