



Alaska Mileage Reimbursement

For the week of service, mileage forms are due the following Monday by 5:00PM if faxed or dropped off, and postmarked by Monday if mailed. Due to the timing of the payroll cycle, late mileage forms will result in late pay. Mileage forms must be signed AFTER all work is completed and submitted in PDF format. Advance mileage forms will not be accepted. For quicker and easier entry, use DirectMyCare.com.

Sunday that started your work week

		/			/		
MM			DD			YY	

SERVICE CODES: MILEAGE, HABMILEAGE

Employee Name (Please Print)

Employee ID

--	--	--	--	--	--	--	--

Note: Travel is only authorized when the Client's Care Plan authorizes out of home tasks or services. For each entry line below the Mileage Detail section must be completed to process.

Client Name (Please Print)

Client ID

--	--	--	--	--	--	--	--

****Community Activity is only available for use when providing Day Hab or Respite services.****

Service Code Key: MILEAGE is for Personal Care, Chore, and Respite services.
HABMILEAGE if for Day Habilitation services.

	Service Date (MM/DD)	Miles Driven (rounded to the nearest mile)	SERVICE CODE		TASK PERFORMED			
			MILEAGE	HAB MILEAGE	Grocery Shopping	Medical Escort	Offsite Laundry	Community Activity
1	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I, the employee, certify the entries above are accurate and true, and provided in my personal vehicle.

Employee Signature: _____

Date / /

I, the Client or Authorized Representative, certify that the above Employee provided the services as listed above.

Client Signature: _____

Date / /

Email: INFOCDAK@consumerdirectcare.com

Fax: 1-800-349-0704 **Phone:** 1-888-900-7962

