TEXAS
WORKFORCE SOLUTIONS
★ ★ ★ ★

Texas Workforce Commission
Vocational Rehabilitation Services
Transportation Log

Customer Name:	Case ID:	Month:

Log

Instructions:
- Enter date traveled in the following format: mm/dd/yy. For example, 12/15/19.
- Enter purpose of travel.
- Enter the address of the location traveling to and from.
- Select box indicating if using a Bus Pass.
- If not using a Bus Pass, enter miles traveled.

Date	Purpose	To and From	Bus Pass or Miles
			☐ Bus Pass or Miles
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Date	Purpose	To and From	Bus Pass or Miles
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		Total Miles	

Customer Agreement and Signature

I understand that transportation funds have been approved to support my participation in vocational rehabilitation assessments and or services. These funds may not be used to pay for any "normal living expenses" (see VRSM C-1402). By signing this form, I verify that the content of this log is correct and that I used these funds only for their intended purpose. I will return unused funds to TWC-VR.

Customer Signature:	Signature Date:

VR Counselor Review and Signature

VR Counselor Name:

I verify that I have reviewed the contents of this log and it is ☐ Approved   ☐ Disapproved

VR Counselor Signature:	Signature Date: