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| **Texas Workforce Solutions logo** | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Transportation Log** | | | |
| **Customer Name:** | | | | | | |
| **Month:** | | | | **Case ID:** | | |
| **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 |
|  |  |  | | | | Bus Pass or  Miles |
|  |  |  | | | | Bus Pass or  Miles |
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|  |  |  | | | | Bus Pass or  Miles |
|  |  |  | | | | Bus Pass or  Miles |
| **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:  **X** | | | | | Date: | |
| **VR Counselor Review and Signature** | | | | | | |
| VR Counselor Name: | | | | | | |
| I verify that I have reviewed and  Approved or  Disapproved the contents of this log. | | | | | | |
| VR Counselor Signature:  **X** | | | | | Date: | |