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| Texas Workforce Solutions logo | Texas Workforce Commission**Vocational Rehabilitation Services****Mileage Premium Report** |
| **General Instructions**  |
| * Complete this Mileage Premium Report form for each trip made.
* Complete all sections and  submit this form for the customers that are being invoiced.
* Use the MapQuest route with the lowest mileage and roundtrip options when calculating the travel distance from the contractor’s physical location  to the location(s) traveled to provide services to each customer included in the roundtrip travel, and travel returning to the contractor’s physical location.
* Complete Mileage Calculation for Premium section to identify the amount to invoice each customer. Total Travel cost is divided equally between all customers served during the round-trip travel.
* Collect the required signatures.
 |
| **Demographic Information** |
| **Name of Provider:** | **Name of Provider Staff Traveling:** |
| **Beginning and Ending Location of Travel** | **Street Address:** | **City/town:** | **ZIP:** |
| **Services to be provided to:** [ ]  Only one customer [ ]  Multiple Customers |
| **Customer Information and Projected Service Hours** | **Summary Report for Invoicing** |
| **Customer’s Case ID** | **Location to be traveled to provide services** | **Service(s) to be provided** | **Actual Number of Service Hour(s) provided** | **Total Amount to be Invoiced** | **VR Verify Hours** | **VR Staff Initials** |
| **Customer 1** | **Street Address:****City/Town:**       **ZIP:**       |  |  |  | **[ ]  Yes** | **[ ]  No** |  |
| **Customer 2** | **Street Address:****City/Town:**       **ZIP:**       |  |  |  | **[ ]  Yes** | **[ ]  No** |  |
| **Customer 3** | **Street Address:****City/Town:**       **ZIP:**       |  |  |  | **[ ]  Yes** | **[ ]  No** |  |
| **Customer 4** | **Street Address:****City/Town:**       **ZIP:**       |  |  |  | **[ ]  Yes** | **[ ]  No** |  |
| **Customer 5** | **Street Address:****City/Town:**       **ZIP:**       |  |  |  | **[ ]  Yes** | **[ ]  No** |  |
| **Customer 6** | **Street Address:****City/Town:**       **ZIP:**       |  |  |  | **[ ]  Yes** | **[ ]  No** |  |
| **Mileage** |
| **Mileage for each segment of the round-trip travel according to MapQuest’s using the shortest mileage and roundtrip options selected.****Exclude mileage within the local community.**  |
| **Mileage: Requested [ ]  Yes [ ]  No If yes, answer questions below.** |
| **Date** | **Start Time** | **Starting location**  | **Travel to location** | **Number of miles** | **Verified by VR Staff** | **VR Staff Initials** |
|  |  |  |  |  | [ ]  Yes  | [ ]  No |  |
|  |  |  |  |  | [ ]  Yes  | [ ]  No |  |
|  |  |  |  |  | [ ]  Yes  | [ ]  No |  |
|  |  |  |  |  | [ ]  Yes  | [ ]  No |  |
|  |  |  |  |  | [ ]  Yes  | [ ]  No |  |
|  |  |  |  |  | [ ]  Yes  | [ ]  No |  |
|  |  |  |  |  | [ ]  Yes  | [ ]  No |  |
|  |  |  |  |  | [ ]  Yes  | [ ]  No |  |
|  |  |  |  |  | [ ]  Yes  | [ ]  No |  |
|  |  |  |  |  | [ ]  Yes  | [ ]  No |  |
|  |  |  |  |  | [ ]  Yes  | [ ]  No |  |
|  |  |  |  |  | [ ]  Yes  | [ ]  No |  |
|  |  |  |  |  | [ ]  Yes  | [ ]  No |  |
|  |  |  |  |  | [ ]  Yes  | [ ]  No |  |
|  |  |  |  |  | [ ]  Yes  | [ ]  No |  |
|  |  |  |  |  | [ ]  Yes  | [ ]  No |  |
|  |  |  |  |  | [ ]  Yes  | [ ]  No |  |
|  |  |  |  |  | [ ]  Yes  | [ ]  No |  |
| **Mileage Calculation for Premium**(use MapQuest’s Route Planner with the shortest distance and roundtrip options selected)  |
| **Total Round Trip Miles Traveled**       **minus 50 miles equals**       **miles** |
|       **miles (carried from line above) multiplied by approved state rate equals** **total amount to be invoiced** |
|       **total amount to be invoiced (carried from the line above) divided by**      **number of customers served in round trip equals**       **the amount to be invoiced for each customer** |
| **Required Signatures** |
| I, certify that:* the above dates, times, mileage and premium calculations are accurate;
* I traveled to the locations listed above on the from;
* I provided a provision of service to each customer included in the round-trip travel;
* I used MapQuest’s Route Planner with the shortest distance and round-trip options selected to calculate mileage;
* I handwrote my signature and the date below;  and
* I documented the milage information as described in the VR Standards for Providers (VR-SFP)

   |
| **Print or type name of service provider:**       | **Signature:**   | **Date form signed:**       |
| **VRS Use Only—VRS Approval of the Report**    |
| Verified the report is accurately completed per form instructions, in the Standards for Providers, and/or the SA  | [ ]  Yes [ ]  No |
| Verified a case note indicates the regional quality assurance program specialist or regional program support specialist determined there is no provider for the service within a 50-mile radius of the customer's location, or the provider staff member within the 50-mile radius does not meet the qualifications necessary to provide the service       | [ ]  Yes [ ]  No |
| Verified the form indicates all customer’s Case Ids and includes the City/Town and ZIP of the residence(s) or the primary community location(s) associated with the training/visit     | [ ]  Yes [ ]  No |
| Verified the report indicates provision of service was provided excluding any travel time   | [ ]  Yes [ ]  No |
| Verify the contractor’s beginning and ending location are recorded:  | [ ]  Yes [ ]  No |
| Verify mileage for each segment of the round-trip travel according to MapQuest’s using the shortest mileage and roundtrip options selected.  | [ ]  Yes [ ]  No |
| Verified the correct amount invoiced for each customer.  | [ ]  Yes [ ]  No |
| If any question above is answered “No,” complete the following:   * Send a copy of the submitted invoice and the report to the provider with written notification that service delivery or report did not meet the requirements as described in the Standards for Providers and/or SA.     **Date**:
* Record a case note to document the return of invoice and required form(s)   **Date**:
 |
| **Report:** [ ]  Approved [ ]  Sent back to provider |
| **Comment** (if any):  |       |
| **Printed name of VR staff member making verification:**        | **Date Verified:**       |