

TRAVEL CLAIM WORKSHEET FOR NON-ROUTINE PREAUTHORIZED EXPENSES

Provider's Name: _____

Tax ID No.: _____

County: _____

Case No.: _____

Case Name: _____

Authorization No.: _____

Date	Departure From (City)	Destination (City)	Depart Time	Return Time	Number of Miles	Mileage Amount	Meal Allowance	Lodging Amount	Total
TOTALS									

Date	Description of Other Travel Expense	Amount
TOTAL		

The total amount for each type of travel expense and a description of the type of other travel expense should be entered on the fee statement form. Attach this travel expense worksheet to the fee statement form when submitted.