

Client Travel Log

Client Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date	Start Location	Start Odometer	End Location	End Odometer	Total Miles	\$0.205/mile (effective 1/1/26)

I certify that I drove my personal vehicle as indicated above to attend treatment.

Signed \_\_\_\_\_

Date \_\_\_\_\_