



Non-Emergency Medical Transportation Log

 Provider Name(Company Name):

 Dates Of Service:

 Driver/Escort Name (as it appears on driver's license)

 Vehicle Identification

Member Name & Trip #	Pick-up Address (Include City)	Destination (Include City)	Pick-up Time (In Military Time)	Drop-off Time (In Military Time)	Driver's Signature	Member's Signature	Name of Accompanying Adult or Escort

Driver's Comments:

Driver/Escort Signature: _____ *Date:* _____

Signature of Parent/Guardian/Spouse (if applicable): _____ *Date:* _____