IRIS Mileage Log

Pay Period Begins (MM/DD/YYYY):_____ Pay Period Ends (MM/DD/YYYY):_____

IRIS Participant Name:_____ IRIS Participant-Hired Worker Name:_____

IRIS Consulting Agency:_____ ☐ If you need more mileage logs sent to you, please check this box.

Date	Pick-Up Description	Destination Description	Reason	Miles
Ex: 3/12/21	*Participant's Home: Milwaukee , WI*	*Senior Day Center: Milwaukee, WI*	*Knitting Class*	*4*

IRIS Participant-Hired Worker Signature: _____ Date: _____

IRIS Participant or Legal Guardian/POA Signature: _____ Date: _____

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