



Strong Families Make a Strong Kansas

Transportation log for approved activities and job search

*Use for bus, bus passes, taxi or any other pay-per-ride transportation service.
 You must have a written Service Authorization from your vocational rehabilitation
 counselor in order to receive funds for these transportation services.*

Name: _____

Dates covered by this log: _____

Date	Time	Destination and purpose	Starting address	Ending address	Round trip? Yes or No	Indicate total cost or note if a monthly pass or bus pass was used

Submit monthly to: _____
Name and Address of Vocational Rehabilitation Counselor or Contact Person

Use multiple pages if necessary. Your signature is required on each page. Attach turnpike receipts or monthly statements.

Certification: I understand that Rehabilitation Services (RS) will pay only for transportation services necessary for approved activities on my Individual Plan for Employment (IPE). RS is not responsible for routine travel for day-to-day activities. I certify that this log is an accurate representation of travel for approved IPE activities and job search. I understand that it is subject to verification. Falsified statements or information will be referred to the Fraud Unit in the Kansas Department for Children and Families.

Signature _____ Date _____