CHOICE REHAB

Mileage Log

Date	Start Destination	End Destination	Start Mileage	End Mileage	Total Mileage

**PER POLICY-MILEAGE IS TO BE SUBMITTED BY 9AM MONDAY MORNING FOR THE WEEK PRIOR. MILEAGE SUBMITTED AFTER THIS DEADLINE WILL BE FORFEITED AND NOT CHOICE REHAB'S RESPONSIBILITY TO PAY.

EMAIL MILEAGE LOG TO PAYROLL@CHOICEREHAB.COM

Therapist Signature & Date: _____ **Total Mileage:** _____