



## Natural Environment Travel Log

Provider Name \_\_\_\_\_

Provider Signature \_\_\_\_\_

I attest that the following information is true and accurate.

Entries must be clearly written and legible to be reimbursed.

Date	Point of origin Address	Time of Departure/ Odometer	Destination Child's Name & Address	Time of Arrival/ Odometer	Minutes Spent In Travel (1 unit = 1 minute) / Mileage
				/	/
	Same	/		/	/
Enter SAME if Point of Origin is same as previous Point of Destination					
		/		/	/
Enter SAME if Point of Origin is same as previous Point of Destination					
		/		/	/
Enter SAME if Point of Origin is same as previous Point of Destination					
		/		/	/
Enter SAME if Point of Origin is same as previous Point of Destination					
		/		/	/
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	Enter SAME if Point of Origin is same as previous Point of Destination				
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	Enter SAME if Point of Origin is same as previous Point of Destination				
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	Enter SAME if Point of Origin is same as previous Point of Destination				
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	Enter SAME if Point of Origin is same as previous Point of Destination				
		/		/	/
	Enter SAME if Point of Origin is same as previous Point of Destination				
		/		/	/
	Enter SAME if Point of Origin is same as previous Point of Destination				

**NATURAL ENVIRONMENT TRAVEL LOG INSTRUCTIONS** This form serves two primary purposes:

- Statewide uniform documentation of travel paid to providers with contract funds.
- Statewide uniform billing documentation for provider travel.

Every provider who will be paid for time when traveling must complete a line on this form for travel to the child's natural environment for a service, or to an IFSP meeting or Consultation session destination. Each provider must have their own form. Travel is not reimbursable for providing traditional therapy sessions in the home or the provider's official place of business. Travel is reimbursable for a provider to travel from their official place of business to the first destination for service delivery, and each subsequent destination for service delivery, and back to the provider's official place of business. The maximum reimbursement for a round trip is \$30.00.

Recording travel time is a habit that is easily learned. Keep a supply of travel logs in a notebook or clipboard with a cover sheet, to hide the child names from casual observers, in your vehicle. When in work status always record your information before you start your car or get out of your car. After you do this for a week or two, it will become a habit.

**Field Entry Guidance: NOTE: This form is designed to print on one page, front and back**

Provider Name = The name of the provider traveling to reimbursable destinations. Each individual provider must record travel on their own form.

Date = Day of travel. One form can be used for multiple days of travel.

Point of origin, Address = When you get in your vehicle enter the address where travel begins. This cannot be your home address, unless that is your official place of business. For your subsequent destinations, enter SAME if your Point of Origin is the same as the previous Point of Destination where services were delivered. Otherwise, enter a new Point of Origin address. If you are using the Excel version of this form and the address does not fit in the box you can make the row taller so the entire address shows. FORMAT, ROW, HEIGHT

Time of Departure/Odometer = When you get in your vehicle to begin travel enter the time and the odometer reading.

Destination, Child's Name & Address = Enter the child's name who will be receiving service, or who will be discussed at a Consultation session or IFSP meeting. Enter the address where service delivery, Consultation or IFSP meeting will take place, or at the end of the day, the address of your official place of business. This cannot be your home address, unless that is your official place of business. Any return trip from a place of service delivery/consultation/IFSP meeting is added to the time for travel of the last destination and billed to that last child.

Time of Arrival/Odometer = At your destination, before getting out of the vehicle, enter the time of arrival to the destination and the odometer reading.

Minutes Spent In Travel (1 unit = 1 minute) /Mileage = These are the calculations of the minutes between the departure and arrival times and the beginning and ending odometer readings. This form is also available in an Excel format that will calculate these values automatically.

**OPTIONAL FEATURE (Check with your Local Early Steps to ask if this is required in your area):** The highlighted area under the Minutes Spent In Travel (1 unit = 1 minute) /Mileage section can be used for the family's signature if your Local Early Steps requires this verification of travel time. If the travel is for a Consultation session or IFSP meeting the family can also sign, or if they are not face to face with the team, the service coordinator or other team member can sign as verification.

When the log is full or your invoicing period is over, the provider must sign at the top right of the form to attest to the accuracy of the information. This form must accompany the invoice billing the travel to the Local Early Steps.