

Daily Driver Trip Log For Oklahoma

First Capital Trolley Provider # 56

Sunday _____ to _____, Year _____ Vehicle Tag # _____ /VIN# _____ Route ID: _____ Vehicle Type: Amb/ WC (circle one)

Trips Date:

Driver Name:

Beginning Mileage:

Ending Mileage:

LGTC Job # A /B	Recipients Name	LOS: A/W/S	Pick up Time	Drop off Time	Total Trip Mileage	Billed Amount	Beginning Mileage	Ending Mileage	Will Call Time	Escort Signature	Recipients Signatu
Origin		Destination				Passenger Escort Type					
Origin		Destination				Passenger Escort Type					
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I understand that Logisticare, Inc. will verify the accuracy of the mileage being reported and I hereby certify the information herein is true, correct and accurate.

Driver Signature: _____ **Weather Conditions/ Comments:** _____