**TRANSPORTATION LOG**

(**Please Print**)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name: |  | Address: |  |  |  |
| Telephone Number: |  | Email: |  |  |  |
| EXPENSE INFORMATION: |  |  |  |  |  |
| -Activity-Location-Address | Day/Date | -Transportation Type-Round Trip (RT) or One-Way (OW) | Mileage**\*** (for mileage expense only) | Expense/Rate | Total $ |
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|  |  |  |  | **GRAND TOTAL:** |  |
| ATTESTATION: |  |  |  |  |  |

|  |
| --- |
| I certify the information provided above is true/accurate and that the amounts reflect actual transportation expenses incurred while attending CNA training and/or testing.Student Signature: Date:  |

**\***Mileage reimbursement is limited to the *current* Standard IRS mileage rate (which for 2017 is $ 53.5 cents/mile).

***Questions?***

MN Department of Human Services (DHS)

Munna Yasiri

munna.yasiri@state.mn.us

9/7/17

(SAMPLE) TRANSPORTATION TRACKING LOG

(Please Print)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name: Mary Smith |  | Address: | 123 Main StWillmar, MN 56301 |  |  |
| Telephone Number:218-999-999 |  | Email: | Msth12@hail.com |  |  |
| EXPENSE INFORMATION: |  |  |  |  |  |
| -Activity-Location-Address | Day/Date | -Transportation Type-Round-trip (RT) or One-Way (OW) | Mileage (for mileage expense only) | Expense/Rate | Total $ |
| CNA ClassMain Street Community College876 Main StWillmar, MN 56301 | Tuesday 11/1/17 | Bus to class – OW | n/a | $ 2.00 | $ 2.00 |
| CNA TestingHwy 8 EastWillmar, MN 56301 | Friday 12/25/17 | Mileage to/from test site (RT) | 30 miles RT | $ .575 cents/mile x 30 miles | $ 17.25(NOTE: 30 x .575 = $17.25) |
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|  |  |  |  | **GRAND TOTAL:** | $ 19.25 |
| ATTESTATION:  |  |  |  |  |  |
| I certify the information provided above is true/accurate and that the amounts above reflect actual transportation expenses incurred while attending CNA training and/or testing.Student Signature: (signed) Mary Smith) Date: 12/27/17 |