Self-Directed Programs
Powered by PPL

Transportation Mileage Log – Service Code W7271

Purpose of This Form
Use this Mileage Log to keep track of trips and ask for payment.

How to Fill Out This Mileage Log
Please fill out all parts of this form. If information is missing, payment may not be approved.

- Write miles as whole numbers only.
- Do not use decimals.
- If you use a decimal, it will be rounded down.
- Mileage is paid at the rate set by the IRS.
- Write each one-way trip on a separate line.
- Fill in every box on that line.
- Do not leave any boxes blank.
- A trip starts when the participant gets in the vehicle and ends when they arrive at their destination.
- The reason for the trip must support a goal in the Individual Service Plan (ISP).
- Send your Mileage Log to PPL by the due dates listed on the Invoice Payment Schedule at **PA Office of Developmental Programs (ODP) | PPL**.

Important
Send your Mileage Log to PPL within 120 days of the trip date.
If PPL receives the form after 120 days, you may not be paid for the service.

By Signing This Form, You Confirm:

- The information on this form is true and correct.
- The service was approved and provided as listed in the ISP.
- The person who provided the service followed the Transportation-Mile service rules.

Provider's or CLE's Name: _____ **PPL ID:** _____
(First name, Last name)

Participant Name: _____ **PPL ID:** _____
(First name, Last name)

Select one checkbox: ☐ **Supports Service Professional (SSP)** ☐ **Common Law Employer (CLE)**

Date of Service Delivery	Address from point of pick up	Address from point of destination	Purpose of trip	Total miles

Total miles for all trips on this Mileage Log: _____

Provider's or CLE's Name: _____ **PPL ID:** _____
(First name, Last name)

Participant Name: _____ **PPL ID:** _____
(First name, Last name)

Agree and sign:

- I confirm that all information I have provided on this form is true and correct.
- The service was approved and provided as listed in the ISP.
- The person who provided the service followed the Transportation-Mile service rules in the current ODP ID/A Waivers.

SSP mileage reimbursements require both the SSP and CLE signatures. CLE Mileage reimbursements require only the CLE signature.

Signature of Individual Requesting Reimbursement: **Date:**

_____ _____

Printed Name of Individual Requesting Reimbursement:

_____

Signature of Common Law Employer (CLE): **Date:**

_____ _____

Printed Name of Common Law Employer (CLE):

_____

Please submit this form to the PPL Admin email address: PAODP@pplfirst.com.