



**Nebraska Department of Health and Human Services  
Provider Travel Time Billing Document**

This Record of Travel Time is a legal document completed by you to reflect accurately the dates and units of travel time. Travel time reimbursement must be for the most direct route. Travel time to your first client of the day and when leaving your last client of the day is not reimbursable. A description of travel time must be recorded daily and the total quarter hour units noted. You must sign and date this record verifying the accuracy of this information. You are responsible for retaining records for six years.

<b>Provider Name</b> Jane Provider			<b>Provider Number</b> 100009				
<b>Billing Dates</b> January 1 – January 15			<b>Year</b> 2016				
Date	Origination Client Name and Address	Destination Client Name and Address	Start Time	End Time	Rate	Quarter Hour Units	Total
1-4	Sally Client, 2000 Main Lincoln NE	Becky Client, 4000 Lane Lincoln NE	10:30am	10:45pm	\$2.00	1	\$2.00
1-4	Becky Client, 4000 Lane Lincoln NE	John Client , 6000 Circle Lincoln NE	2:00pm	2:30pm	\$2.00	2	\$4.00
1-6	Sally Client, 2000 Main Lincoln NE	Becky Client, 4000 Lane Lincoln NE	10:30am	10:45pm	\$2.00	1	\$2.00
1-6	Becky Client, 4000 Lane Lincoln NE	John Client , 6000 Circle Lincoln NE	2:00pm	2:30pm	\$2.00	2	\$4.00
1-8	Sally Client, 2000 Main Lincoln NE	Becky Client, 4000 Lane Lincoln NE	10:30am	10:45pm	\$2.00	1	\$2.00
1-8	Becky Client, 4000 Lane Lincoln NE	John Client , 6000 Circle Lincoln NE	2:00pm	2:30pm	\$2.00	2	\$4.00
1-11	Sally Client, 2000 Main Lincoln NE	Becky Client, 4000 Lane Lincoln NE	10:30am	10:45pm	\$2.00	1	\$2.00
1-13	Sally Client, 2000 Main Lincoln NE	Becky Client, 4000 Lane Lincoln NE	10:30am	10:45pm	\$2.00	1	\$2.00
1-14	Sally Client, 2000 Main Lincoln NE	Becky Client, 4000 Lane Lincoln NE	10:30am	10:45pm	\$2.00	1	\$2.00
1-15	Sally Client, 2000 Main Lincoln NE	Becky Client, 4000 Lane Lincoln NE	10:30am	10:45pm	\$2.00	1	\$2.00
<b>Totals</b>						13	\$26.00

I hereby certify that the above hours/days are correct and accurate and understand that fraudulent claims may result in prosecution.

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

\_\_\_\_\_  
Date

For Office Use Only								
Client ID Number	Authorization Number	Service Code	Service From Date	Service Thru Date	Freq	Units	Rate	Total Charge