

OWCS MEDICAL TRANSPORTATION RECORD FORM – MONTHLY STATISTICS

NAME: \_\_\_\_\_

DATE	CLIENT NAME AND ADDRESS	DESTINATION	TOTAL Km/mi	FEE FOR DRIVE	DONATION	TOTAL COLLECTED	TOTAL HOURS
<b>TOTAL</b>							

NOTE: If client wishes to pay more than the \$10/\$15 user fee, please enter the extra amount in the donation column.

FOR OFFICE USE ONLY:                      Cheque # \_\_\_\_\_                      Amount \_\_\_\_\_                      Date \_\_\_\_\_