

| Provider Name | Manager Name | Pay Period Ending |
|---------------|--------------|-------------------|
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| Date | Time Left | Time Arrived | Total Time Driven | From Member | To Member |
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By my signature below, I do hereby certify that the above Drive Time entries are accurate. I also acknowledge that any attempt at fraudulent entries for the purpose of increasing Paid Drive Time is strictly forbidden and may result in disciplinary action.

| Provider Signature | Printed Name | Date |
|--------------------|--------------|------|
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