

# SCCA TRAVEL LOG

262 Lower Cuchillo Creek Road, Truth or Consequences, NM 87901-575-740-3971

Date of Appointment \_\_\_\_\_

Patients Name \_\_\_\_\_

Location of Treatment \_\_\_\_\_ Type of treatment \_\_\_\_\_

Number of hours for treatment \_\_\_\_\_

Drivers Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

I am a licensed New Mexico Driver with Auto Insurance and will **not** hold SCCA liable for an accident which may result in injury of myself or the patient I am transporting. Initial \_\_\_\_\_

Pick-Up Time \_\_\_\_\_

Return Time \_\_\_\_\_ Total Miles Round Trip \_\_\_\_\_  
(Miles from drivers home and return)

Other Passengers in Vehicle (Name) \_\_\_\_\_ Phone \_\_\_\_\_

Vehicle Used Personal \_\_\_\_\_ or SCCA \_\_\_\_\_

Signature of Driver \_\_\_\_\_ I wish to be Reimbursed \_\_\_ Yes \_\_\_ No

Please reimburse Patient because they paid for the gas: Yes \_\_\_\_\_

Mail check to Patient at: \_\_\_\_\_

Please return even if you do not want reimbursement within 7 days of your driving.

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