**Travel Log/ Van**

**CINS/FINS**

CDS Family & Behavioral Health Services, Inc.

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| --- | --- | --- | --- | --- |
| **DATE** | **DESTINATION/PURPOSE** | **START of TRIP** | **END of TRIP** | **NAME of ADULT(S)****[1st Initial, last name]** |
| Indicate trip specific destination and specifically why travel is occurring | Departure Time | # of px  | Starting Mileage | Return Time | # of px | Ending Mileage | DRIVER | 2ND ADULT (when present) |
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**Destination/Purpose: do not use general terms such as “outing, park, and meeting”.**

**For school runs indicate which schools were included, school initials may be used.**