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AREA CLINICIAN SUPPLEMENTAL MILEAGE FORM

*For Briefings, Trainings and Trauma Response
Submit along with Form#3B*

Case # _____ **Area Clinician Name:** _____

There may be times when Area Clinicians respond to a trauma call and are asked to travel to various locations to provide support to employees and/or family members affected by the trauma (ex. to family home, funeral home, additional office, or other location requested by manager). Please list additional TRAVEL points and add sum of all totals to Form#3B and submit both forms together for payment.

• **Additional requested location:** _____ **Name of Requestor:** _____

Date of Travel: _____

Total Travel TIME (roundtrip/combined): _____

Miles Roundtrip: _____

• **Additional requested location:** _____ **Name of Requestor:** _____

Date of Travel: _____

Total Travel TIME (roundtrip/combined): _____

Miles Roundtrip: _____

• **Additional requested location:** _____ **Name of Requestor:** _____

Date of Travel: _____

Total Travel TIME (roundtrip/combined): _____

Miles Roundtrip: _____