**Travel Log/ Vehicle**

**CINS/FINS**

CDS Family & Behavioral Health Services, Inc.

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| **DATE** | **DRIVER** | **DESTINATION/PURPOSE** | **SINGLE TRANSPORT****If yes, complete:** |
| Indicate trip specific destination andspecifically why travel is occurring | Supervisor | Time of contact | ApprovedYes/No |
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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.**