



**Dave's Transportation Service**

Phone: 270-678-5987

Fax: 270-678-5875

E-mail: [dtsoffice@dts-ky.com](mailto:dtsoffice@dts-ky.com)

**Request for Transportation**

**PLEASE PRINT**

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

Type of Transportation: (Please Circle)      02-No Wheelchair Used      08-Wheelchair Used

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

Appointment Location & Address: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

**PLEASE CHECK ONE**

- Check
- Cash
- Credit Card \*Coming Soon\*

Authorized/Sent By: \_\_\_\_\_

Title: \_\_\_\_\_

**Please fax to: (270) 678-5875 or email to [dtsoffice@dts-ky.com](mailto:dtsoffice@dts-ky.com)**

**Thank you for using DTS, Inc.**

**Office Use Only:**

<p><b>PICKED UP</b></p> <p>P/U TIME &amp; MILEAGE: _____/_____</p> <p>D/O TIME &amp; MILEAGE: _____/_____</p>	<p><b>RETURNED</b></p> <p>P/U TIME &amp; MILEAGE: _____/_____</p> <p>D/O TIME &amp; MILEAGE: _____/_____</p>
<p>Private Pay: _____ Number of Trips: _____ x \$ _____ = \$ _____</p> <p>Additional \$1.50/mile if over 5 miles one way. Miles: _____ x \$1.50 = \$ _____</p> <p style="text-align: right;">Total: \$ _____</p>	
<p><b>Total Payment: \$ _____</b></p>	<p><b>Total Payment Received on: _____</b></p>
<p>Received By: _____</p>	<p><b>Driver Signature: _____</b></p>