The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Massachusetts Commission for the Deaf and Hard of Hearing

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http://www.mass.gov/mcdhh

STAFF CART BILLING FORM

INSTRUCTION TO STAFF CART - Please fill in ALL and ONLY the shaded areas

CART INFORMATION

NAME	

BILLING INFORMATION

NAME		COMPANY			
ADDRESS		CITY		STATE	ZIP CODE
PHONE		EMAIL			

REQUESTER AND APPOINTMENT/DEPARTMENT LOCATION INFORMATION   Same Above

NAME		PHONE		EMAIL	
ADDRESS		CITY		STATE	ZIP CODE

LINE-COMMODITY INFORMATION

DATE SERVICE	START TIME	END TIME	REQUEST ID	ASSIGN ID

QUANTITY	RATE/FEE	DESCRIPTION					AMOUNT
		CART Service					
		Onsite					
		Mileage - Odometer reading:	Start	To			
		Travel Time	Miles	÷ 50 =	x	1/2 Hour Rate	=
		Other Travel: Parking Tolls Public Transportation					
		Ascii Output					
						TOTAL	

To the Comptroller of the Commonwealth of Massachusetts – I hereby certify under penalties of perjury that all laws of the Commonwealth governing the disbursement of public funds and the regulation thereof have been complied with.

Prepared/Entered by: _____ **Date:** _____

Submitted/Approved by: _____ **Date:** _____