

**MONTANA MENTAL HEALTH NURSING CARE CENTER
TRAVEL LOG**

TO BE COMPLETED BEFORE EMBARKING

Date: _____ Destination: _____

Time of Departure: _____

Estimated time of return to the facility: _____

Passengers in the vehicle: _____

Purpose of trip: _____

TO BE COMPLETED AFTER ARRIVAL

Actual time returned to facility: _____

Brief description of the trip: _____

Significant resident behaviors: _____

Any additional needs to transfer resident in the future: _____

Signature: _____ Date _____