MILEAGE RECORD

Name______________________________________ Month/Year : _______________

Mailing Address____

DATE	FROM: CUSTOMER INITIALS/LOCATION	TO: CUSTOMER INITIALS/LOCATION	BEG. ODOMETER	END ODOMETER	TOTAL MILEAGE
			Total Mileage This Page		

I certify that the above information is correct.

Employee Signature ____ **Date** ________________

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FOR SUPERVISOR USE ONLY

GL	Program	Funding Source (Where Applicable)	Location	Total Miles this Account	Effective 8//01/10 Mileage x .500
7100	___DD ___OA ___EL ___CMH ___OH___EDG	__DD G ____STAR ____OA G ____CMH FAMILY ______NA	__KTK __POW __OTHER		
7100	___DD ___OA ___EL ___CMH ___OH ___EDG	__DD G ____STAR ____OA G ____CMH FAMILY ______NA	__KTK __POW __OTHER		
7100	___DD ___OA ___EL ___CMH ___OH ___EDG	__DD G ____STAR ____OA G ____CMH FAMILY ______NA	__KTK __POW __OTHER		
		TOTALS			

Supervisor Signature____

********************************FOR BUSINESS OFFICE USE ONLY**

Total Pages ____________ **Total to be Paid: $___ ______________**

GL	Program	Funding Source (Where Applicable)	Location	Amount
7100	___DD ___OA ___EL ___CMH ___Vend ___Edge	___DD G ____STAR ____OA G ____NA	__Ktn __POW __Edge	
7100	___DD ___OA ___EL ___CMH ___Vend ___Edge	___DD G ____STAR ____OA G ____NA	__Ktn __POW __Edge	
7100	___DD ___OA ___EL ___CMH ___Vend ___Edge	___DD G ____STAR ____OA G ____NA	__Ktn __POW __Edge	

Revised: 8/9/2010