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

Account Fund (DD Grant, OA, CM,H, EL, State, etc.)	Account	Total Miles this Account	Amount (Miles x .505)
	5202 - ___ ___ ___ - ___ ___		
	5202 - ___ ___ ___ - ___ ___		
	5202 - ___ ___ ___ - ___ ___		
	Total Miles This Page		
		Total Amount Claimed	

Supervisor Signature____

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FOR BUSINESS OFFICE USE ONLY

Total Pages__________ Total Amount Claimed _________________

Distribution Code	Amount
5202 - ___ ___ ___ - ___ ___	
5202 - ___ ___ ___ - ___ ___	
5202 - ___ ___ ___ - ___ ___	

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Revised: 1/22/2008