2017 OARS MILEAGE RECORD

Name_____ Month/Year : _____

FORMS ARE DUE TO SUPERVISORS SAME DAY AS TIMESHEETS (Do Not Staple or Paperclip together)

DATE	CUST. INITIALS	LOCATIONS DRIVEN	BEG TRIP METER BEG ODOM.	END TRIP METER END ODOM.	TOTAL MILEAGE
		(SUPERVISOR TO CALCULATE)	**Total Mileage This Page**		

I certify that the above information is correct.

Employee Signature _____ **Date** _____

SUPERVISOR FILL OUT*

GL	Program	Funding Source (If applicable)	Location	Total Miles this Acct	Effective 01/01/17 Mileage X .535
7100	___ADM ___DD ___OA ___EL ___CMH	__DDG __OAG __N/A	___KTN ___POW		
7100	___ADM ___DD ___OA ___EL ___CMH	__DDG __OAG __N/A	___KTN ___POW		
7100	___ADM ___DD ___OA ___EL ___CMH	__DDG __OAG __N/A	___KTN ___POW		
7100	___ADM ___DD ___OA ___EL ___CMH	__DDG __OAG __N/A	___KTN ___POW		

Supervisor Signature_____

****