2020 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 ODOMETER Or Trip Meter Zero	END ODOMETER Or Trip Meter End	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 Mileage	Effective 01/01/18 Mileage X .545
7100	___ADM ___DD ___OA ___EL ___CMH	_____OAG _____N/A	___KTN ___POW		
7100	___ADM ___DD ___OA ___EL ___CMH	_____OAG _____N/A	___KTN ___POW		
7100	___ADM ___DD ___OA ___EL ___CMH	_____OAG _____N/A	___KTN ___POW		
7100	___ADM ___DD ___OA ___EL ___CMH	_____OAG _____N/A	___KTN ___POW		

Supervisor Signature____

**FOR BUSINESS OFFICE USE **

Total Pages:___________ **Total Paid $**______________

GL	Program	Funding Source (If applicable)	Location	Total Mileage	$ Amount
7100	___ADM ___DD ___OA ___EL ___CMH	_____OAG _____N/A	___KTN ___POW		
7100	___ADM ___DD ___OA ___EL ___CMH	_____OAG _____N/A	___KTN ___POW		
7100	___ADM ___DD ___OA ___EL ___CMH	_____OAG _____N/A	___KTN ___POW		
7100	___ADM ___DD ___OA ___EL ___CMH	_____OAG _____N/A	___KTN ___POW		