

2020 DD MILEAGE RECORD

Name _____ Month/Year : _____

FORMS ARE DUE TO BILLING 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 TO FILL OUT*****

GL	Program (Circle One)	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 _____

****SUPERVISORS: MILEAGE OVER 25 MILES, PLEASE SUBMIT TO PROGRAM MANAGER FOR APPROVAL PRIOR TO SUBMITTING TO PAYROLL.****

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

				Total Pages:	Total Paid \$
GL	Program (Circle One)	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		