

# 2020 OARS 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
<b>(SUPERVISOR TO CALCULATE)</b>			<b>Total Mileage This Page</b>		

**I certify that the above information is correct.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*SUPERVISOR TO 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 \_\_\_\_\_

\*\*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	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		