

Community Connections, Inc. Mileage Record - Grant

Name _____ Month/Year : _____

SUBMIT MILEAGE RECORDS WITH TIMESHEETS (No staples or paperclips)

Date	Customer Initials	Locations Driven	Beg Odometer or Trip Meter (o)	End Odometer or Trip Meter End	Total Miles
Supervisor to Calculate			Total Miles - This Page		

I certify that the above information is correct.

Employee Signature _____ Date _____

*****SUPERVISOR FILL OUT*****

GL	Program	Funding Source (If applicable)	Location	Miles (By program)	Amount (miles x 0.56)
7100	OARS - SIH GRANT	GRANT	___ KTN ___ POW		
7100	OARS - SIH GRANT	GRANT	___ KTN ___ POW		
7100	OARS - SIH GRANT	GRANT	___ KTN ___ POW		
7100	OARS - SIH GRANT	GRANT	___ KTN ___ POW		

Mileage rate effective 01/01/2021

Supervisor Signature _____ Date _____