Community Connections, Inc.
Mileage Record - Non-Grant

Name____ **Month/Year :** ______________

SUBMIT MILEAGE RECORDS WITH TIMESHEETS (No staples or paperclips)

Date	Customer Initials	Locations Driven	Beg Odometer or Trip Meter (0)	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	____ADM ____CMH ____ELP ____DD ____OARS	N/A - Non-Grant	___KTN ___POW		
7100	____ADM ____CMH ____ELP ____DD ____OARS	N/A - Non-Grant	___KTN ___POW		
7100	____ADM ____CMH ____ELP ____DD ____OARS	N/A - Non-Grant	___KTN ___POW		
7100	____ADM ____CMH ____ELP ____DD ____OARS	N/A - Non-Grant	___KTN ___POW		

Mileage rate effective 01/01/2021

Supervisor Signature ____ **Date** __________________