

LOCAL TRAVEL MILEAGE FORM

PRINTED NAME: _____

PROGRAM COST CENTER: _____

WORK SITE LOCATION: _____

POSITION: _____

MAILING ADDRESS: _____

DATE		ODOMETER READING	MILES	BETWEEN WHAT LOCATIONS	PURPOSE OF TRAVEL
	START				
	END				
	START				
	END				
	START				
	END				
	START				
	END				
	START				
	END				
	START				
	END				
	START				
	END				
	START				
	END				
	START				
	END				
	START				
	END				

I CERTIFY THAT THE REPORT INFORMATION IS TRU AND CORRECT, AND THAT I HAVE NOT RECEIVED REIMBURSEMENT FOR THE MILEAGE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION IS CAUSE FOR IMMEDIATED JOB SUSPENSION AND OR EMPLOYMENT DISMISSAL.

EMPLOYEE'S SIGNATURE: _____

DATE: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____

PROGRAM DIRECTOR'S SIGNATURE: _____

DATE: _____

EXECUTIVE DIRECTOR / CEO SIGNATURE: _____

DATE: _____

FISCAL USE ONLY:	TOTAL MILES:	RATE:	AMOUNT:
------------------	--------------	-------	---------