MILEAGE RECORD

Name____ Month/Year : ______________

Mailing Address____

DATE	FROM: CUSTOMER INITIALS/LOCATION	TO: CUSTOMER INITIALS/LOCATION	BEG. ODOMETER	END ODOMETER	TOTAL MILEAGE
			Total Mileage This Page		

I certify that the above information is correct.

Employee Signature ____ **Date** _____________

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FOR SUPERVISOR USE ONLY

GL	Program	Funding Source (Where Applicable)	Location	Total Miles this Acct	Effec 01/01/12 Mileage X .5500
7100	__ADM__DD__OA__EL__CMH__	___DD G___STAR___OA G___N/A	__Ktn __POW __Edge		
7100	__ADM__DD__OA__EL__CMH__	___DD G___STAR___OA G___N/A	__Ktn __POW __Edge		
7100	__ADM__DD__OA__EL__CMH__	___DD G___STAR___OA G___N/A	__Ktn __POW __Edge		
		TOTALS			

Supervisor Signature____

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

Total Pages ____________ **Total to be Paid: $**_______ _______________

GL	Program	Funding Source (Where Applicable)	Location	Amount
7100	__ADM__DD__OA__EL__CMH__	___DD G___STAR___OA G___N/A	__Ktn __POW __Edge	
7100	__ADM__DD__OA__EL__CMH__	___DD G___STAR___OA G___N/A	__Ktn __POW __Edge	
7100	__ADM__DD__OA__EL__CMH__	___DD G___STAR___OA G___N/A	__Ktn __POW __Edge	