MONTHLY MILEAGE & EXPENSE LOG

Attach all receipts

Month	ı/Vear					Alla	en an receipts		Personal	
Month/Year Personal Overnight Vehicle Location (leased only) Leased By whom										
Date	Odometer Reading Beginning Ending		Total Miles	Personal Usage (Commuter Miles)	Maintenance Gas, Oil, etc Cost		Point of Origin	Destination Address or Provider Name	Travel Purpose & which Program	Employee Name
		F 4 134"		/F) 4 1 3 f*1	T 4 13 4 1 4		T	D 111 C 1		
	Total Miles		\$	Total Miles Cost \$	Total Maintenance Costs \$		Total Costs Less Personal Usage Costs Total Reimbursement Due \$		Date Paid	Check #
	Cost @	/IIIIIC	Ψ	Cost \$	Cosis \$		Total Reinibursei	nent Due \$	Date Faid	CHECK #
			ICATION:							
I certify that the travel indicated is accurate and necessary for program related duties and that no personal mileage is being claimed for reimbursement. Employee Signature									Date	
no pers	sonai mneag	ge is being (cialilled 101 1	emoursement.				Employee Signature		Date
				claimed and find it ac						
								Supervisor Signature		Date
ACEN	JCV OWNI	ED/LEASE	D CAR CE	RTIFICATION:						
				claimed and find it ac	curate and neo	cessary f	or program			
related duties. I also certify that any mileage for personal use is clearly and accurately documented.								Responsible Agency Official		