

MILEAGE LOG

MONTH: _____

Date	Area and Purpose	Beg. Mileage	End. Mileage	Total Mileage
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
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26				
27				
28				
29				
30				
31				

Employees must carry at least the minimum required personal automobile insurance on any vehicle he/she drives for agency work.

TOTAL MILES:

The following must be completed before mileage reimbursement is paid.

X _____ ¢ Per Mile
Total \$ _____

NAME: _____
 MAKE OF CAR: _____
 LICENSE NUMBER: _____
 INSURANCE COMPANY: _____
 INSURANCE EXP. DATE: _____
 SIGNATURE: _____
 DATE: _____

 DIRECTOR APPROVAL

 DATE