

## Mileage Record

*Use this form for any staff performing administrative or operating tasks.*

Name of Employee: \_\_\_\_\_ Title: \_\_\_\_\_  
Administrative Staff Site and Food Service Staff

| Date | Odometer<br>Reading<br>Start | Odometer<br>Reading<br>Stop | Number<br>of<br>Miles | Purpose of Travel |
|------|------------------------------|-----------------------------|-----------------------|-------------------|
|      |                              |                             |                       |                   |
|      |                              |                             |                       |                   |
|      |                              |                             |                       |                   |
|      |                              |                             |                       |                   |
|      |                              |                             |                       |                   |
|      |                              |                             |                       |                   |
|      |                              |                             |                       |                   |
|      |                              |                             |                       |                   |
|      |                              |                             |                       |                   |
|      |                              |                             |                       |                   |
|      |                              |                             |                       |                   |
|      |                              |                             |                       |                   |
|      |                              |                             |                       |                   |
|      |                              |                             |                       |                   |

Signature of Employee \_\_\_\_\_ Date: \_\_\_\_\_

Note: Mileages costs must be in the administrative budget approved by the State Agency.

*This institution is an equal opportunity provider.*