

MILEAGE RECORD-ADMINISTRATIVE STAFF

NAME OF EMPLOYEE: _____

Date	Odometer Reading Start	Odometer Reading Stop	Number of Miles	Itinerary

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise.

Employee's Signature _____ Date _____