

EMPLOYEE MILEAGE REPORT

Employee Name:

Pay Period:

Mileage Instructions: In order to comply with LF documentation requirements, completed and accurate forms must be submitted biweekly, when timesheets are due. Forms may be submitted **no later** than 30 days of initial trip. Enter the location name in the "to" and "from" columns:

- > If the location is from one person served to the next, then no further information is necessary.
- > Enter the address or street intersection and the city.
- > Include the start and end odometer reading as well as the total miles traveled.

Date	Person Served Name	Starting Destination (Name and address)	Ending Destination (Name and address)	Purpose for Trip	Odometer Reading	Total Miles
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						TOTAL	
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Additional Info	rmation						
Keen in mind t	hat these forms will be rev	iewed by outside auditors. Th	nis is especially important if the	number of miles	claimed does	not match	
commercially	available websites for calc	ulating mileage Examples of	when this may occur include:	travel to or from h	ome to a meet	ing or confer	onco'
commercially a	which coveral stops are re-	uired before the final destine	tion: gotting lost				
carpooling in v	men several stops are req	uired before the final destina	uon, getting tost.				
Employee Sig	gnature				Date		