Transportation Mileage Sheet

Name: _____

Address: _____

Date	Odometer Reading Start / End	Destination-**Please include street address**	Reason	Total Miles
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			

I have a valid driver's license ☐ Yes ☐ No

I have current automobile insurance ☐ Yes ☐ No

I understand that this mileage reimbursement covers operating and fixed costs, including: fuel, vehicle insurance, vehicle license fees, vehicle registration costs, routine maintenance and tune-ups to include parts and labor, oil changes, and replacement of tires.

I understand that if I do not provide the address of my destination as requested above, my mileage payment may be delayed.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on the above form is true and correct.

Signature: _____ Date: _____

ETW: _____ Date: _____

Supervisor: _____ Date: _____