

Name	
_	(Please print)
Job Title/Program _	

MONTHLY MILEAGE LOG - Please submit monthly

Note: The NCOESC is only authorized to pay for miles traveled on the job after you reach your first starting point of the day.

Month/Year					
Date	Starting Point	Destination	Describe Business	Miles	
The above sta	atement is true and corre	ect to the best of my knowledg	je.		
			Total miles driven for month _	0	
Employee Signature		Date	Reimbursement per mile	0.670	
Supervisor Signature		Date	TOTAL	\$0.00	
Superintendent Signature		Date	_	*	

Supervisor and Superintendent approval required before sending to fiscal department.

If you have more than one mileage account, please use separate mileage logs for each program.

Please write legible. Double check your addition and complete TOTAL line.

<u>Approved form</u> due in fiscal department by the 5th of each month. Reimbursement processed and mailed with 20th payroll. Sixty (60) day limit for reimbursement.