

AUTOMOBILE MILEAGE RECORD

Period Ending _____

Prepare daily, using a separate block for each day's State use travel and for each departure from headquarters.

Date	Daily Travel (Points Visited)	Miles Traveled		
		Miles Daily	Personal Use	State Use
	From: To:			
	From: To:			
	From: To:			
	From: To:			
	From: To:			
	From: To:			
TOTAL MILES TRAVELED				
Transfer total State use miles to travel expense section (front side) for computation of amount at the prescribed State mileage rate.				

Purpose of Trip: (Attach prior approval form if applicable)

If traveling under a standing authorization please check _____

Date	Common Carrier, Taxi/Limousine, Airline (Explain, attach original receipts for common carrier)	Amount	Date	Miscellaneous Expenses (Explain, attach original receipts, except for telephone) (This includes parking)	Amount
TOTAL AMOUNT (Enter in appropriate line of above expense section)			TOTAL AMOUNT (Enter in appropriate line of above expense section)		