

CHARITON VALLEY ASSOCIATION

Mileage Reimbursement

Employee (Print): _____

Month/Year of Service: _____

Date	Ind. Initials	FROM	TO	Starting Mileage	Ending Mileage	Total	Each individuals total		
						Mileage			

Continued on back →

	Total	Each individuals total
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Date	Ind. Initials	FROM	TO	Starting Mileage	Ending Mileage	Mileage			

						Totals:			
Total miles x \$.40 = Amount:							\$		

_____ Date _____

Staff Signature

_____ Title _____

Print Name

_____ Date _____

Supervisor Signature

_____ Title _____

Print Name

* This box for office use only		
Individual	Accounting #	Total
		\$
		\$

MILEAGE LOGS MUST NOT CROSS CALENDAR MONTHS
MILEAGE LOGS ARE DUE BY 12PM ON THE 1st DAY OF THE MONTH
MILEAGE WILL BE REIMBURSED ON THE 15TH OF THE MONTH

If 1st falls on a weekend, due on Monday by 12:00pm