SAMPLE MILEAGE REPORT FORM

CITY OF LITTLE ROCK – DEPARTMENT OF COMMUNITY PROGRAMS

TRAVEL/MILEAGE REPORT

Name (Please print) _____ ***Division***_____ ***Vehicle License No.***_____

Date	*Starting Odometer*	*Ending Odometer*	*Total Miles*	*Departure/Destination*	*Client Name*	*Client Case No.*	*70/ 30*	*Purpose for Travel**
	Total Mileage this page							
	Total Mileage other pages							
	Total Mileage			# miles x $.___ per mile				

Attach additional information; site visit form, ISS summary, counseling notes, etc.

I do hereby certify that the foregoing claim is for actual expenses incurred in the official performance of my duties and that said claim is just and correct.

Employee _____ ***Title***_____ ***Date*** _____

Approved_____ ***Title***_____ ***Date*** _____

Approved _____ ***Title*** _____ ***Date*** _____