

### Mileage Claim Form - 2020

NAME: \_\_\_\_\_

Identify location by office name or address of client/facility if other than agencies.  
Use separate lines unless return location is same as first point of travel. Indicate return by (R).

Date	From	To	Beg Ode. Reading	End Odm Reading	Total Miles	Reason for trip
Total Miles:					0	

Rate \_\_\_\_\_ per mile = \$ \_\_\_\_\_

I hereby certify by my signature that I have liability insurance coverage in force that is compatible with state law requirements on the privately owned motor vehicle I use for center business.

Signature \_\_\_\_\_ Approved \_\_\_\_\_ Date \_\_\_\_\_