



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 statement is true and correct to the best of my knowledge.

Employee Signature Date

Supervisor Signature Date

Superintendent Signature Date

Total miles driven for month _____

Reimbursement per mile 0.585

TOTAL _____

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