Page: _____

SHIFT STAFF MILEAGE LOG

Month of:_____

Date	Person Supported	Starting Address	Beginning Odometer Reading	Ending Address	Ending Odometer Reading	Purpose of Trip	Total Miles Driven	*** Supervisor Initials

***** Include supervisor inititials when working for more than 1 Program Manager**

DUE TO SUPERVISOR BY 1ST DAY OF EACH MONTH

_____
Employee Name (Printed)

_____
Employee Signature

_____
Supervisor Signature