

MILEAGE/FUEL REIMBURSEMENT LOG

Page _____ of _____ Month _____
 Vehicle ID _____ Madison COUNTY Year _____

Date	Odometer		Total Miles	Purpose/Location	*Program	Date	Odometer		Total Miles	Purpose/Location	*Program
	Beginning	Ending					Beginning	Ending			
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			-						-		
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ALL TRAVEL requires mileage software Google Maps
 For conferences, meetings, trainings, etc reported on this form, proof of attendance must be maintained at the county level for state or federal audit review.

Claiming: FUEL or MILEAGE (circle one) --- If claiming mileage, complete the following:

Travel Policy: STATE or COUNTY (circle one) Mileage Rate: \$ _____

	Total Miles	x	Mileage Rate	=	Total Mileage Amount Claimed
CSEPP	-	\$	-	\$	-
EMA	-	\$	-	\$	-
Other	-	\$	-	\$	-

_____/_____/_____
 Signature / Date