

Administrative Mileage Record

Name of Employee: _____

Position: _____

Date	Odometer Reading Start	Odometer Reading Stop	Number of Miles	Itinerary
Total Miles for month = _____				

Approved Mileage Rate \$ _____ X total miles for month _____ = administrative mileage expense _____
(Include in line 6 total on Attachment J-2)

Signature of Employee

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