

NAME:

DATE RECEIVED:

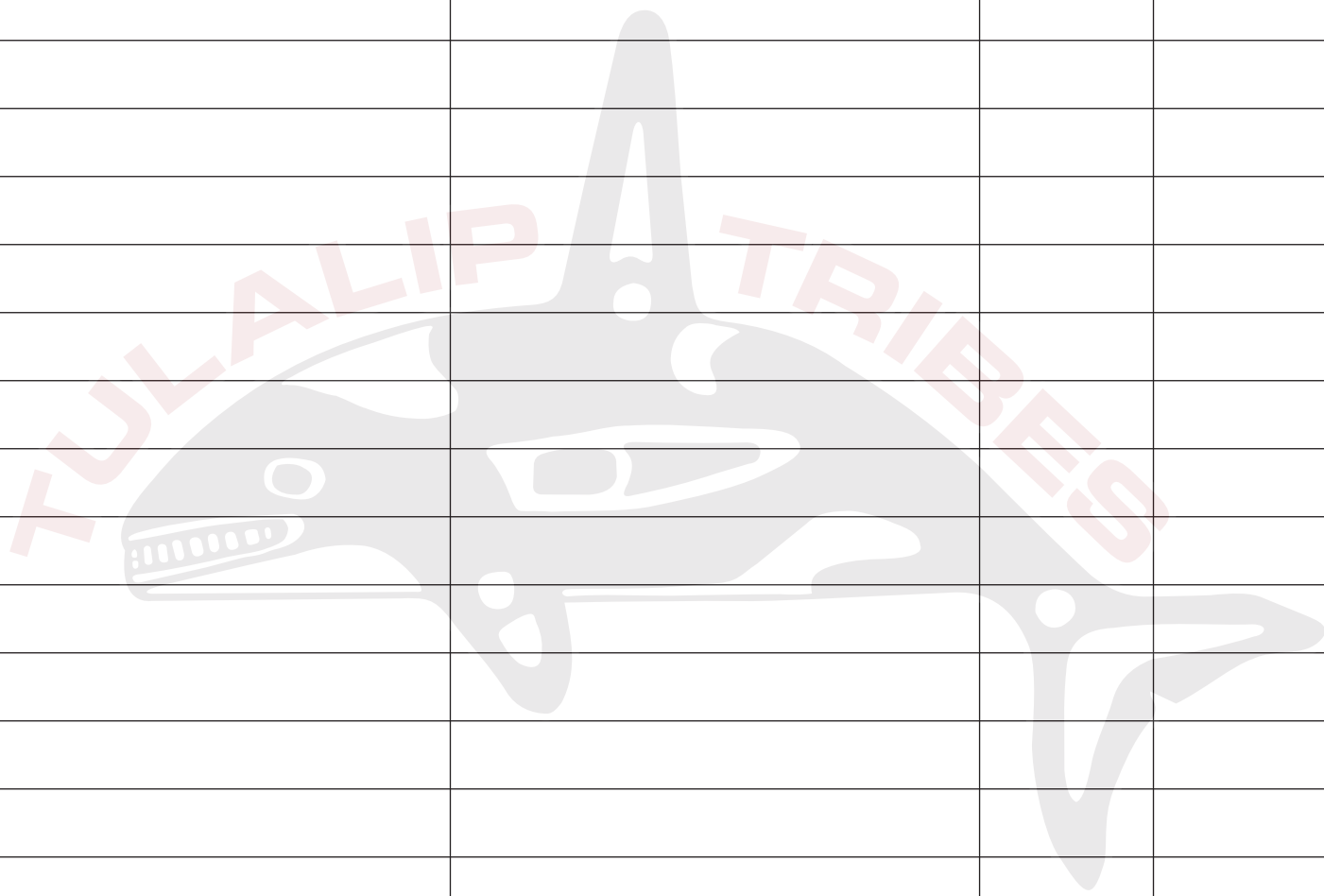
# AUTO MILEAGE REPORT

**DUE BY THE 10th OF EACH MONTH**

MONTH OF

G/L 1900-14405-98280  
REQ#

Date	Destination From/To	Purpose	Odometer Reading		# Miles	Different Car [X]
			Start	End		



Date	Destination From/To	Purpose	Odometer Reading		# Miles	Different Car [X]
			Start	End		



TDS-28503 (02-19)

Total Authorized Auto Mileage at \_\_\_\_\_ per Mile      Total Mileage \_\_\_\_\_      Total Amount \_\_\_\_\_

**I certify that this statement, the amounts claimed and attachments are true, correct and complete to the best of my knowledge and that payments for the amount claimed have not been received. I and my direct supervisor have double checked all my calculations.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Direct Supervisor/Manager Signature