PRIVATE VEHICLE **MONTH OF:** _____, 20_____

DATE	TRAVEL LOCATION	BEGINNING ODOMETER	ENDING ODOMETER	BUSINESS MILES
			TOTAL	

I certify this to be a correct contemporaneous report of the use of this vehicle.

Date Turned In:

_____ / _____

Driver Position

Date Supervisor Signed:

Approved: _____ _____

(Supervisor or Director of Program)

Reimbursement Rate	Total Reimbursement Earned
$0.580	$