## doña ana county head start

TRANSPORTATION/MILEAGE
Name $\qquad$ Month $\qquad$ Yr $\qquad$

| $\begin{array}{r} \text { Date } \\ \text { of } \\ \text { Travel } \end{array}$ | Starting Odometer Reading | Ending Odometer Reading | Total Mileage | Destination | Reason for Trip | HS/EHS |
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| Please round-off <br> to whole miles. |
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| Total Mileage. |
| :--- |
| @ .625 per Mile Total |
| Reimbursement |

Reimbursement
*A. Home Visits
B. Food Transport
C. Buy Supplies
D. Center Visit
E. Other (Specify)

Note: If a privately owned vehicle is used to transport more than one employee, reimbursement for mileage is limited to one employee.

| Employee Signature | Date |
| :--- | :---: |
| Supervisor Signature | Date |
|  |  |
| Director Signature <br> mileage/Admin/10.95 Revised 09/027/2022 | Date |

