Mileage Record for the Child & Adult Care Food Program

Traveler's N	Name:					avel Period:				
		ime	Odometer		Origin / De	stination	Purpose			
Date	Start	End	Start	End	City / Provid	ler Name	HV	Other (specify) /	Comments	Miles
								Total Miles		
Certification: I certify that the mileage above is correct, conducted during official business, due and unpaid, and that the amount claimed herein is actually due according to law.						Mileage Reimbursement Rate: X Total (this page): \$ Certification: As an official of the agency, I certify that the above mileage has				
						been reviewed f	or reasonable	eness and allowability	•	3
Claimant Signature				Date		Agency Official			Date	
						rigorioy Omolai		Check Number	Check Date:	