

2020-2021 HPNAP Operations Support Transportation Documentation: Mileage Log

Agency Name: _____

Agency Number: _____

Grant Reference#: _____

Complete this page only if your agency's HPNAP Operations Support grant was approved for mileage reimbursement. Complete a separate mileage log for each reimbursed driver. Copies of bank-canceled checks of signed receipts must be provided for proof of purchase.

Driver Name: _____

Date	Destination & Address	Odometer Start	Odometer End	Miles Traveled
Total Miles:				

Total Miles _____ **X \$0.575 per Mile = \$** _____ **Total Cost for Transportation**

Check Number and Date Paid to Driver: _____

Driver Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____