



Individual Mileage Log

Driver: _____
Supervisor: _____
Department: _____
Month/Year: _____
Total Mileage: 0.00

DATE	MILEAGE	DESTINATION	REASON
mm/dd/yyyy	0.00	Location Placeholder	Reason Placeholder

Complete form and submit with Travel Expense Report. Units should retain a copy and make them available upon request from Internal Audit.