Center For Developmentally Disabled ISL Transportation Log

Employee Name (Printed): _____ Employee Title (Printed) _____

Month: _____ _____ Year: _____ Total Miles: _____ Mileage Reimbursement: $_____

Mileage MUST be submitted TWO times a month. Check the box to indicate which time period you are submitting mileage log. Do not add any miles driven after the 15th day of the month if you are checking Period ONE. Do not add any miles driven before the 15th day of the month if you are checking Period TWO.

Period ONE ☐ 1st Day of the month to the 15th **Period TWO** ☐ 16th day of the month to the last day of the month

Client Initial Key and Total Miles Driven

Date	Time	Client Initial	Start Odometer	End Odometer	Start Destination	End Destination	Purpose of Trip	Miles	Staff Initial

Employee Signature:_____ Date:_____ Supervisor Signature: _____ Date: _____

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Month: _____ _____ Year: _____ Total Miles: _____ Mileage Reimbursement: $_____

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