

# SUMMER FOOD SERVICE PROGRAM

## Mileage Record – Administrative Staff\*

Name of Employee: _____				
Date	Odometer Reading: <b>Start</b>	Odometer Reading: <b>Stop</b>	Number of Miles	Itinerary

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\* Use this form for any staff performing an **administrative** task (e.g. monitors, sponsor administrative staff visiting/reviewing sites).

Note: Mileage costs must be in the administrative budget approved by the State Agency.

ADA Compliant 7/12/2018