COMPLETE CARE

Mileage Log and Reimbursement Form

Employee Name		**Rate Per Mile**	**$0.56**
Employee ID		**For Period**	
Vehicle Description		**Total Mileage**	**0**
Authorized By		**Total Reimbursement**	**$0.00**

Date	Starting Location	Destination	Description/Notes	Odometer Start	Odometer End	Mileage	Reimbursement
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
						0	$0.00
					Totals	**0**	**$0.00**