AFFINITY Adult Mileage Report

Employee Name:
Pay Period:
Total Miles:
Total Tolls:

Any Trip Greater Than 20 Miles One Way Must Be Pre-Approved By Your Supervisor
Please Attach Toll Receipts For Reimbursement
All Columns Must Be Filled Out For Reimbursement

DIRECT SUPPORT MILEAGE ***(Incomplete forms will not be paid)***

Date	Odometer Readings		Town		SI	Objective	Miles
	Beginning	End	From	To			

DIRECT SUPPORT MILEAGE Continued ***(Incomplete forms will not be paid)***

Date	Odometer Readings		Town		SI	Objective	Miles
	Beginning	End	From	To			

NON-DIRECT SUPPORT MILEAGE (supervisions, trainings, etc.)

Date	Odometer Readings		Town		Reason	Miles
	Beginning	End	From	To		