SUMMER FOOD SERVICE PROGRAM

Mileage Record – Administrative Staff*

Name of Employee: _____

Date	Odometer Reading: **Start**	Odometer Reading: **Stop**	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.