SUMMER FOOD SERVICE PROGRAM

Mileage Record – Site and Food Service 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 **operating** task, specifically related to the food service (e.g. site staff, cooks, etc. transporting meals).

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