CO: :
CEN ER:
NAME:

PERSONAL VEHICLE:
TAG #:
DATE:

DATE	DEPARTURE		DESTINATION	PURPOSE	TIME OF ARRIVAL	ODOMETER		TOTAL MILES
	TIME	PLACE				BEGIN	END	

I understand that liability auto insurance and use of seat belts is required for on-the-job travel, even when mileage expenses are not claimed.

TOTAL MILES:

AMOUNT DUE:

EMPLOYEE SIGNATURE

DATE

I have checked the above figures and certify them to be true to the best of my knowledge.

NOTE: Sign-out sheet documents status when off-site in personal vehicle.

SUPERVISOR SIGNATURE

DATE

ADM 10.1; REV 8-96