DOÑA ANA COUNTY HEAD START

TRANSPORTATION/MILEAGE

Name _____ **Month** _____ **Yr** _____

Date of Travel	Starting Odometer Reading	Ending Odometer Reading	Total Mileage	Destination	* Reason for Trip

Total Mileage _____
@ .535 per Mile _____
Total Reimbursement _____

Please round-off to whole miles.

*A. Home Visits
B. Food Transport
C. Buy Supplies
D. Center Visit
E. Other (Specify)

_____
Employee Signature

_____
Supervisor Signature

Note: If a privately owned vehicle is used to transport more than one employee, reimbursement for mileage is limited to one employee.