MIDWESTERN ADULT DAY SERVICES **MILEAGE RECORD**

Name: ____ ***Month:*** __________________________, **20__**

Date	***Purpose***	***CLI Kms*** **# 5401**	***EXE Kms*** **# 5402**	***GB Kms*** **# 5403**	***WIN Kms*** **# 5404**	***GOD kms*** **# 5405**	***TOTAL Kms***
					Total Kms:		
					Rate per Km:		0 .3 6¢
					Total Payable:		$

Approved by:

Date: ________________________

FORMS / MileageRecord.wpd Rev. 12/09

Please submit to Site Coordinator promptly at end of each month