PO Box 26, 301 E Willow Street Harrisburg SD 57032

MILEAGE LOG – "If you wish to be reimbursed for using your personal vehicle for company use, maintain this log as indicated below. Submit for reimbursement by check."

Employee Name: _____

Date(s): From _____/_____/_____ thru _____/_____/_____

Date	Time	From	To	# of Miles Driven

Mileage Summary Totals _____x .585 mile

Reimbursed amount $ _____

Date paid _____ Paid by _____

Amount Paid _____ Check # _____