

Day of Month	Name of Operator	Signature of Operator <i>Each Driver Must Sign</i>	Towns Stopped At On Official Business Only <i>(Do Not list towns which were only passed through)</i>	Ending Town <i>(Where vehicle was parked overnight)</i>	Beginning Odometer Reading <i>(for each trip)</i>	Ending Odometer Reading <i>(for each trip)</i>	Total Mile for Day	ALLOCATION OF MILEAGE		Special Commuting	Starting Time	Ending Time	Starting Time	Ending Time
								Official State Business <i>(Daily Mile)</i>	Non-Business Home to Office and Special Commuting <i>(Daily Miles)</i>	Enter Number of Daily Round Trips <i>(One-way is One-Half Round Trip)</i>				
				GRAND TOTAL:										

AGENCY APPROVAL	Supervisor's/Manager's Statement: <i>The travel outlined in this report is authorized by this department. To the best of my knowledge the information herein is correct and complete.</i>	Signature: (Immediate Supervisor/Manager)	Typed Name of Supervisor:	Title of Supervisor:	Date Signed: