SUMMER FOOD SERVICE

Providing free meals to Arizona children.

Mileage Record – Staff*

NAME OF EMPLOYEE

Date	Odometer Reading: Start	Odometer Reading: Stop	Number of Miles	Itinerary
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	

*Use this form for any staff performing a task (e.g. monitors, sponsor administrative staff visiting/reviewing sites, meal service, meal delivery, etc).

Signature of Employee _____ Date _____