



WACCAMAW EOC, INC.
1251 HWY 501E, SUITE B
CONWAY, SC 29526



LOCAL TRAVEL MILEAGE FORM

PRINTED NAME: _____

PROGRAM COST CENTER: _____

WORK SITE LOCATION: _____

POSITION: _____

MAILING ADDRESS: _____

DATE		ODOMETER READING	MILES	BETWEEN WHAT LOCATIONS	PURPOSE OF TRAVEL
	START				
	END				
	START				
	END				
	START				
	END				
	START				
	END				
	START				
	END				
	START				
	END				
	START				
	END				
	START				
	END				
	START				
	END				
	START				
	END				
	START				
	END				
	START				
	END				
	START				
	END				

I CERTIFY THAT THE REPORT INFORMATION IS TRUE AND CORRECT, AND THAT I HAVE NOT RECEIVED REIMBURSEMENT FOR THE MILEAGE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION IS CAUSE FOR IMMEDIATE JOB SUSPENSION AND OR EMPLOYMENT DISMISSAL.

EMPLOYEE'S SIGNATURE: _____

DATE: _____

PROGRAM DIRECTOR'S SIGNATURE: _____

DATE: _____

EXECUTIVE DIRECTOR'S SIGNATURE: _____

DATE: _____

FISCAL USE ONLY:	TOTAL MILES:		RATE:		AMOUNT:	
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