Catholic Charities Disabilities Services
Mileage Log

Name: _____ Supervisor's Signature: _____

Department: Admin SC ResHab (Residential ICF *or* IRA) Clinical Maintenance Finance (Circle One)

Date	From	To	Starting Mileage	Ending Mileage	Total Mileage	$ Tolls $ Receipt Required	$ Parking $ Receipt Required	Consumer Initials ResHab

Total Mileage: _____ **Total Tolls / Parking _____** ***** (Receipts are required for reimbursements) *****

Rate: _____ **Total Amount Paid _____**