MONTHLY MINISTRY MILEAGE LOG

Name _____ Position/Department _____ Date _____ 20 _____

Date	Destination	Purpose/Contact	Odometer		Miles Driven	Parking Fees and Tolls
			Finish	Start		
					0.00	$
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	

Note 1 - The following personal use mileage must be excluded from reimbursement :

(1) Commuting to and from home and office no matter how many trips are made each day.

(2) Trips that were primarly personal in nature.

(3) Functions where you personally received an honorarium.

Total Miles Driven	0.00	
IRS Standard Mileage Rate	x	
	$ 0.00	$ 0.00

Note 2 - This log should be attached to your Monthly Employee Expense Report for reimbursement.

Total Dollar Reimbursement $

Employee's Signature _____ Date _____

Approved By _____ Date _____

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