



4380 Main St
Amherst, NY 14226

MILEAGE LOG

DAEMEN

Name _____

Dates of report from _____ to _____

Department _____

Page ____ of ____

DATE	FROM (location name and address)	TO (location name and address)	REASON FOR TRAVEL	# OF MILES BASED ON GOOGLE MAPS (include tenths)	"X" if Round Trip
			PAGE TOTAL		

Attach completed form to a purchase requisition for payment of mileage at currently approved rate