Self-determination **TRAVEL LOG**

PARTICIPANT NAME: _____

EMPLOYEE NAME _____

Motor Vehicle Mileage: # of miles _____ @ **0.50** ¢ = $_____

EMPLOYEE SIGNATURE _____ DATE _____

AUTHORIZATION SIGNATURE _____ DATE _____

Date	Starting Location	Destination	Purpose	Number of Miles
EX: 01/01/14	HOME (or address)	Walmart	Grocery shopping	12
EX: 01/01/14	Walmart	Dr. ??	Appt	4

TOTAL NUMBER OF MILES: _____