FAMILY RESOURCE AGENCY of NORTH GEORGIA
Head Start/Early Head Start/Pre-K Programs
LOCAL MILEAGE FORM

Name: _____ Site: _____ Period Covered: _____

Date	Departure Time	Arrival Time	Destination	Purpose	Odometer Begin	Odometer End	Mileage HS 122	Mileage EHS 225	Mileage Pre-K 125
Total Mileage									
Total Mileage X $0.42									
GRAND TOTAL DUE									

Employee/Traveler's Signature:_____ Date:_____

Address *(If Non-Employee):* **_____**

Supervisor's Signature: _____ Date:_____

Revised 4/28/08