# VICINITY/MAP MILEAGE LOG

Florida Department of Children & Families

Name:_____  Office Address:_____

SSN:_____  Home Address:_____

| Date | Actual Point of Origin | Point of Destination | Purpose of Travel | Check if On Call | Arrival Time | Departure Time | Beginning Odometer | Ending Odometer | Map Mileage | Vicinity Mileage | Incidental Type | Incidental Amount |
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I certify that the above information supports the vicinity mileage claimed and the incidental expenses incurred by me as necessary in the performance of my official duties.  This claim is true and correct in every material matter and conforms in every respect with the requirements of Section 112.061, Florida Statutes.

TRAVELER'S SIGNATURE:_____  DATE SIGNED:_____

Pursuant to Section 112.061(3)(a), Florida Statutes, I certify that to the best of my knowledge the above travel was for official business of the state of Florida and was performed for the purpose(s) stated above.

SUPERVISOR'S SIGNATURE:_____  DATE APPROVED:_____

C676 VM, PDF 11/2008

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