



# University of Sioux Falls Mileage Log

*Due to legal ramifications, you must fill this form out completely.  
Forms should be turned in monthly.*

Name \_\_\_\_\_ Department \_\_\_\_\_ Account # \_\_\_\_\_

Date	Vehicle License #	Description	Purpose (Business or Personal)	From	To	Odometer		Mileage
						Start	Finish	

Total Business Miles \_\_\_\_\_ Total Personal Miles \_\_\_\_\_ Amount added to wages \_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**