



Employer-Provided Vehicles

Weekly Mileage Log for Business (B) and Personal (P) Usage

Monday: _____					Tuesday: _____				
Explanations	Odometer Readings			(B) (P)	Explanations	Odometer Readings			(B) (P)
	(1) Start	(2) Stop	(2)-(1)			(1) Start	(2) Stop	(2)-(1)	
Home to Work					Home to Work				
Work to Home					Work to Home				
Total Miles					Total Miles				
Total Business Miles (B)					Total Business Miles (B)				
Total Personal Miles (P)					Total Personal Miles (P)				
Wednesday: _____					Thursday: _____				
Explanations	Odometer Readings			(B) (P)	Explanations	Odometer Readings			(B) (P)
	(1) Start	(2) Stop	(2)-(1)			(1) Start	(2) Stop	(2)-(1)	
Home to Work					Home to Work				
Work to Home					Work to Home				
Total Miles					Total Miles				
Total Business Miles (B)					Total Business Miles (B)				
Total Personal Miles (P)					Total Personal Miles (P)				
Friday: _____					Saturday: _____				
Explanations	Odometer Readings			(B) (P)	Explanations	Odometer Readings			(B) (P)
	(1) Start	(2) Stop	(2)-(1)			(1) Start	(2) Stop	(2)-(1)	
Home to Work					Home to Work				
Work to Home					Work to Home				
Total Miles					Total Miles				
Total Business Miles (B)					Total Business Miles (B)				
Total Personal Miles (P)					Total Personal Miles (P)				
Sunday: _____					Department Name: _____ Employee Name: _____ Employee SSN: _____ <i>Please print</i>				
Explanations	Odometer Readings			(B) (P)					
	(1) Start	(2) Stop	(2)-(1)						
Home to Work									
Work to Home					Employee Certification I hereby certify that the mileage information provided herein is true and accurate to the best of my knowledge and reflects an actual record of my use of the above listed vehicle. X _____ EMPLOYEE SIGNATURE				
Total Miles									
Total Business Miles (B)									
Total Personal Miles (P)									
For Official Use Only					Summary Totals For The Week Total Miles _____ Total Business Miles (B) _____ Total Personal Miles (P) _____				