

**THE ALTERNATIVE LIVING GROUP, INC.
MILEAGE REIMBURSEMENT LOG
PRIVATE VEHICLE USE**

Employee: _____

Date Submitted: _____

Dept./Cost/Waiver #: _____

Approved By: _____

Date of Travel	Trip	Reason	Miles
	From: To:		
	From: To:		
	From: To:		
	From: To:		
	From: To:		
	From: To:		
	From: To:		
	From: To:		
	From: To:		
Total Miles			
Rate per Mile			.35
Grand Total			\$

Note: Whenever possible, agency vehicles are to be utilized.