# CFCC Vehicle Usage Log

Name: _____

| Date | Destination | Purpose | Odometer | | Personal Miles | Business Miles | Parking & Tolls |
|---|---|---|---|---|---|---|---|
| | | | Beginning | Ending | | | |
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| | | | | TOTAL BUSINESS MILES | | | |
| | | | | RATE/MILE | | | |
| | | | | MILEAGE REIMBURSEMENT | | | |

I certify that the above is correct and that the items listed were actually and necessarily incurred

_____ Signature

_____ Date

I certify that I have received payment for reimbursement in the amount of $ _____ for the above items

_____ Signature

_____ Date