

North Carolina Department of Health and Human Services
Division of Public Health
Women's & Children's Health Section
Special Nutrition Programs
Summer Food Service Program

MILEAGE RECORD – Site /Administrative Staff*

Name of Employee: _____ Employee Title _____

Date	Odometer Reading: Start	Odometer Reading: Stop	Number of Miles	Mileage Rate	Total \$ claimable	Itinerary

I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Signature of Employee Date Sponsor Signature Date