

AUTOMOBILE MILEAGE RECORD

Georgia License No. of Car _____ Period Ending _____

Prepare daily, using a separate block for each day's State use travel and for each departure from headquarters.

Date	Daily Travel (Points Visited)	Odometer Reading DO NOT enter commas		Miles Traveled		
		Starting	Ending	Miles Daily	Personal & Commute*	State Use
	From: _____ To: _____ Points Visited: _____					
	From: _____ To: _____ Points Visited: _____					
	From: _____ To: _____ Points Visited: _____					
	From: _____ To: _____ Points Visited: _____					
	From: _____ To: _____ Points Visited: _____					
	From: _____ To: _____ Points Visited: _____					
Total Miles Travelled						

* Deduct personal use miles and commuting miles if applicable. [Click Here](#) for State Accounting Office requirements for mileage reimbursement.
Please transfer the correct total of miles to the appropriate location on the first page of form for computation at the correct reimbursement rate.

Purpose of Trip: (Attach prior approval form if applicable.)

If traveling under a standing authorization please check

Date	Common Carrier, Taxi, Airport Shuttle (Explain, attach receipts for common carrier)	Amount	Date	Miscellaneous (Explain, attach receipts for common carrier)	Amount
Total Amount (Enter in appropriate line of above expense section)			Total Amount (Enter in appropriate line of above expense section)		