Print Form

Texas Department of Housing and Community Affairs

Colonia Self-Help Center Program

Mileage Record

Employee Name: **County:** **Contract No:**

Date	Odometer Start	Odometer End	Mileage	Destination and Purpose (including individual address(es), if applicable)
Total Mileage:				Times mileage rate: $0.50 = total charges: $ 0

Employee Signature Date

CERTIFICATIONS:

I, _____ certify that the above-named employee was on the county payroll on the dates stated. Activities, dates, mileage and amounts are correct to the best of my knowledge.

Supervisor Signature Date